

DIMPLE DESAI  
UNITED STATES vs STATE OF GEORGIA

March 29, 2022

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IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

UNITED STATES OF AMERICA,  
Plaintiff,  
vs.  
STATE OF GEORGIA,  
Defendants.  
-----

) CIVIL ACTION  
) NO. 1:16-cv-03088-ELR  
)  
)  
)  
)  
)  
)  
)

VIDEO DEPOSITION OF  
DIMPLE DESAI

Tuesday, March 29, 2022, 9:16 a.m., EST

HELD AT:

Robbins Alloy Belinfante Littlefield LLC  
500 14th Street, N.W.  
Atlanta, Georgia 30318

-----  
WANDA L. ROBINSON, CRR, CCR, No. B-1973  
Certified Shorthand Reporter/Notary Public

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1  
2 ALSO PRESENT:

3 VIA ZOOM:

4 RENEW WOHLNHAUS, ESQUIRE

5 CLAIRE CHEVRIER, ESQUIRE

6 ANDREA HAMILTON, ESQUIRE

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9 SANDRA LeVERT, Paralegal

10 VICTORIA LILL, Paralegal

11  
12  
13  
14 ALSO PRESENT:

15 BRANDON BRANTLEY, Videographer  
16  
17  
18  
19  
20  
21  
22  
23  
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1 THE VIDEOGRAPHER: This will be the video  
2 deposition of Dimple Desai, being taken in the  
3 matter of United States of America versus State  
4 of Georgia.

5 Today's date is March 29th, 2022. The  
6 time on the record is 9:16 a.m.

7 My name is Brandon Brantley. I'm the  
8 videographer.

9 Wanda Robinson is the court reporter.

10 Counsel, please introduce yourselves for  
11 the record, after which the court reporter will  
12 swear in the witness.

13 MR. HOLKINS: Patrick Holkins for the  
14 United States.

15 MS. COHEN: Frances Cohen for the United  
16 States.

17 MS. JOHNSON: Melanie Johnson for the  
18 State of Georgia.

19 MS. HERNANDEZ: Danielle Hernandez for  
20 State of Georgia.

21 - - - - -

22 DIMPLE DESAI,  
23 being duly sworn, was examined and testified as  
24 follows:

25 - - - - -

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1 EXAMINATION

2 BY MR. HOLKINS:

3 Q Good morning.

4 A Good morning.

5 Q My name is Patrick Holkins. I represent  
6 the United States in this litigation.

7 Ms. Desai, could you please state and  
8 spell your full name for the record.

9 A Dimple Desai, D-I-M-P-L-E, D-E-S-A-I.

10 Q So I'm just going to walk through some  
11 instructions before we get started with the  
12 questions.

13 The first is that I plan to take a break  
14 at least every hour and a half, but if you would  
15 like to take a break before then, just let me know  
16 and we can.

17 MR. HOLKINS: That goes to counsel as  
18 well.

19 Q I would ask, though, if there is a  
20 question that's pending that you first answer the  
21 question before we take a break.

22 Is that okay?

23 A Yes.

24 Q Just so you're aware, I think you are  
25 already, this deposition is being recorded by video



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1 it's also being transcribed.

2 For clarity of the record, particularly  
3 for our court reporter, it's quite helpful if you  
4 can speak clearly, speak loudly, and also wait for  
5 me to finish my questions before you start your  
6 answer.

7 Is that all right?

8 A Yes.

9 Q And similarly, for the clarity of the  
10 record, it's best not to use responses like uh-huh  
11 or uh-uh. Instead, use yeses or nos.

12 Is that all right?

13 A Yes.

14 Q Okay.

15 MR. HOLKINS: I'd like to introduce the  
16 first exhibit. This is going to be 42.

17 (WHEREUPON, Plaintiff's Exhibit-42 was  
18 marked for identification.)

19 BY MR. HOLKINS:

20 Q Ms. Desai, you've just been handed what is  
21 marked Exhibit 42. Please take a moment to review  
22 the document. You don't need to read it line for  
23 line but just to familiarize yourself with the  
24 document, and let me know when you're finished.

25 A Okay.

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1 (Witness reviews exhibit.)

2 MS. COHEN: I have a request from the  
3 peanut gallery to turn your camera on.

4 MR. HOLKINS: Request granted.

5 MS. COHEN: It came from your fan club.

6 MR. HOLKINS: I'm not sure about that.

7 A I've read it.

8 Q For the record, this is the notice of your  
9 deposition in this matter.

10 Have you seen this document before today?

11 A Yes.

12 Q And who showed you this document?

13 A Melanie Johnson shared -- shared a copy  
14 with me.

15 Q Before today, had you heard about this  
16 case?

17 A Yes.

18 Q And what did you -- what's your  
19 understanding of what this case is about?

20 A Um, my understanding is that there are two  
21 lawsuits --

22 MS. COHEN: I'm sorry. Can you speak up?

23 THE WITNESS: Sure.

24 MS. COHEN: Thank you.

25 A My understanding is there are two

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1 lawsuits. I am here for the lawsuit that involves  
2 DOJ. So not the class action lawsuit.

3 And it is my understanding that there is  
4 some question in regard to the GNETS program that  
5 has been implemented across the State and I think  
6 its adherence to some of the -- I don't know what  
7 the legal term is -- the statutes or some of the  
8 reasons for why the initiative was put into place.

9 Q Okay. Thank you.

10 What is your understanding of the GNETS  
11 program?

12 A My understanding --

13 THE WITNESS: Can I have a tissue?

14 MS. JOHNSON: Sure.

15 Sorry about that.

16 A My understanding of the GNETS program is  
17 that it is -- it's a program placed in, in what is  
18 -- what are alternative school settings, and it is  
19 meant for individuals who have higher needs of  
20 behavioral emotional -- behavioral emotional needs,  
21 and what is not being -- needs that are not being  
22 met in, let's say, traditional school settings. And  
23 by traditional, I mean public, public school  
24 settings that are sort of more mainstream.

25 And this initiative was meant for students

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1 who had these needs, whose needs were not met in  
2 that school setting but didn't quite meet higher,  
3 higher level interventions, such as full-time  
4 residential placement.

5 Q Ms. Desai, are you aware that Dante McKay  
6 was deposed previously in this matter?

7 A I am.

8 Q Did you review the transcript of his  
9 deposition?

10 A I did not.

11 Q Are you also aware that Dr. Stephanie  
12 Pearson was deposed yesterday in this matter?

13 A I knew that she was going to be deposed.  
14 I didn't know the exact date.

15 Q Ms. Desai, do you understand your  
16 testimony today is under oath?

17 A I do.

18 Q Is there any reason at all why you cannot  
19 testify accurately and truthfully today?

20 A No.

21 Q Are you taking any medication or other  
22 substances that would interfere with your ability to  
23 answer my questions fully and truthfully today?

24 A I am not.

25 Q Ms. Desai, have you ever been deposed

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1 before?

2 A No.

3 Q Have you ever been a plaintiff or a  
4 defendant in a lawsuit?

5 A No.

6 Q I may be using some acronyms today, just  
7 for brevity, and I want to run through them so that  
8 we're on the same page.

9 The first is "DBHDD." When I use that  
10 acronym, will you understand I'm referring to the  
11 Georgia Department of Behavioral Health and  
12 Developmental Disabilities?

13 A Yes.

14 Q When I use the acronym "DCH," will you  
15 understand that I'm referring to the Georgia  
16 Department of Community Health?

17 A Yes.

18 Q And when I use the acronym "Georgia DOE,"  
19 will you understand I'm referring to the Georgia  
20 Department of Education?

21 A Yes.

22 Q And when I use the acronym "CMO," will you  
23 understand that I'm referring to Care Management  
24 Organizations?

25 A Yes.

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1 Q When I use the acronym "SED," will you  
2 understand that I'm referring to Serious Emotional  
3 Disturbances?

4 A Yes.

5 Q I may on occasion refer to general  
6 education settings. And when I say that, I'm  
7 referring to public schools in Georgia where  
8 children with SED and other behavioral health  
9 conditions receive instruction and services  
10 alongside children who do not have disabilities.

11 A Yes.

12 Q Do you understand?

13 A Yes.

14 Q When I refer to GNETS, that means Georgia  
15 Network for Educational and Therapeutic Support. Do  
16 you understand?

17 A I do.

18 Q And when I refer to "OCYF," that means the  
19 Office of Children, Young Adults and Families.

20 Do you understand?

21 A Correct.

22 Q And when I refer to "COE," that means the  
23 Georgia State University Center of Excellence?

24 A Yes.

25 Q And lastly, when I refer to "CSB," that

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1 means Community Service Board.

2 Do you understand?

3 A Yes.

4 Q I'd like to talk a little bit about your  
5 background. Let me just start with your education.

6 What's the highest degree that you've  
7 obtained, Ms. Desai?

8 A I have a Master's in social work.

9 Q When did you receive that degree?

10 A I completed the degree in 2002.

11 Q And where did you obtain it from?

12 A Georgia State University.

13 Q You maintain an active license as a social  
14 worker?

15 A I do not.

16 Q Where do you currently work?

17 A At the Center of Excellence for Children's  
18 Behavioral Health at Georgia State.

19 Q What is your job title at the Center of  
20 Excellence?

21 A Senior Research Associate.

22 Q When did you become the Senior Research  
23 Associate at the Center of Excellence?

24 A I believe that was in 2019.

25 Q Did you hold previous titles at the Center

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1 of Excellence?

2 A Research Associate II.

3 Q Any other?

4 A No.

5 Q And when did you become A Research  
6 Associate II?

7 A 2017.

8 Q What job did you have immediately prior to  
9 that?

10 A I actually was a stay-at-home mom for  
11 about 12 years in between. In that time I  
12 co-founded a nonprofit, which I continue to work  
13 with.

14 Previous to that, my formal employment was  
15 with OCYF. Sorry. That's not accurate. What is  
16 it? ICF, ICF. It's a public health consulting  
17 firm.

18 Q What's the name of the nonprofit that you  
19 formed?

20 A ECHHA, E-C-H-H-A. It's an acronym and it  
21 stands for the Hindu --

22 Q It's okay if you don't remember.

23 A East Cobb Hindu Heritage Association.

24 Q That's great.

25 A ECHHA.



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1 Q And it's still active?

2 A It is.

3 Q That's wonderful.

4 Ms. Desai, can you describe your current  
5 duties at the Center of Excellence?

6 A Sure. Within the COE there are several  
7 arms of work, and I sit within the evaluation  
8 portfolio of work. And within that I direct a lot  
9 of the projects that are within school-based mental  
10 health services, behavioral health services. And  
11 within that body of work I manage currently two to  
12 three projects that are school-based initiatives.

13 Q And what are those projects?

14 A Currently, Georgia Apex program is one of  
15 them, and with that particular project I direct --  
16 it's one team but two scopes of work, and that is  
17 directing, monitoring evaluation activities and  
18 delivering technical assistance.

19 And that is our largest school-based  
20 project at the Center.

21 I have previously also managed the  
22 five-year SAMHSA grant that was awarded to CHRIS  
23 180, a local behavioral health provider, and that  
24 was also school-based initiatives. That just came  
25 to a sunset, the five-year grant.

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1 And I had a little, quite brief, run with,  
2 participation in, an evaluation of a local GNETS  
3 program. Initiative, local GNETS initiative.

4 Q Thank you for that overview. We're going  
5 to talk about those things one by one.

6 In particular, the Apex, we'll talk about,  
7 your work on Apex we'll talk about in-depth.

8 When you say you direct a program, for  
9 instance, when you direct the Apex program, that's  
10 in bullets, what does that mean?

11 A That means managing, forecasting the body  
12 of work, managing the budget, managing the team,  
13 ensuring that we're staying within our scheduled  
14 timeline of deliverables. And really overseeing --  
15 working with two leads to oversee the day-to-day  
16 work in the execution of the contract.

17 Q And this is a contract with DBHDD,  
18 correct?

19 A Correct.

20 Q And do you coordinate directly with staff  
21 at DBHDD in connection with the contract?

22 A I do. I work specifically within their  
23 OCYF office, and within that office I work with  
24 Dante McKay and Layla Fitzgerald, who is the program  
25 manager for Apex on the DBHDD side, Danielle Jones,

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1 and Dr. Stephanie Pearson.

2 Q Do you have any contact with John  
3 Quesenberry?

4 A I have had very little contact with John  
5 Quesenberry, but what contact I have had has been  
6 very recent. He has, he has submitted some data  
7 requests. And so those typically get routed to me  
8 first, and then I sort of work with my team to  
9 respond to those.

10 Q What data requests have you received from  
11 John Quesenberry?

12 A Most recently we received a data request  
13 where he was wanting us to forward the name of the  
14 schools that have been served within the Apex  
15 program for the previous -- I want to say three or  
16 four state fiscal years.

17 They were organized by the school district  
18 and county that they reside in. He asked for the  
19 addresses, but we don't quite have that data in that  
20 way, and so what we did submit was just the school  
21 list for the state fiscal years. As I said,  
22 organized by county and district and things like  
23 that.

24 Q Do you know what the reason was for the  
25 request?

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1 A I don't believe I do.

2 Q You said that was the most recent request  
3 you received from John Quesenberry. Were there  
4 others?

5 A So -- yes. Just one other that I'm  
6 recalling, and it was in regards to asking if we had  
7 data that -- for the Georgia Apex program that helps  
8 to understand educational outcomes for the students  
9 receiving services.

10 If I recall, he was trying to understand  
11 graduation -- graduation rates, graduation  
12 matriculation, and we don't currently collect data  
13 at an individual student level. And so I had sort  
14 of relayed that to him, that we don't currently  
15 track the data in that way.

16 Q Is that true across metrics, that you do  
17 not collect data at an individual child level, or is  
18 it just for graduation rates?

19 A No. That's true, that's true across  
20 metrics, for the Georgia Apex program.

21 Q Understand.

22 A We certainly are only collecting aggregate  
23 level data.

24 The CSBs may be collecting individual  
25 level data, but what gets forwarded to us is still

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1 aggregate level.

2 Q So just to make sure I understand, the COE  
3 is not asking the Community Service Boards to report  
4 individual level data in connection with the Apex  
5 program; is that accurate?

6 A That's not entirely accurate.

7 So as a program, our body of work and our  
8 scope does not include individual level data  
9 collection. That has been a goal of ours for some  
10 time, just to be able to take the conversation of  
11 kind of the outcomes of the program to the next  
12 level.

13 We have attempted to -- we have attempted  
14 to put processes in place and things like that for  
15 that to happen. That has not been successful for a  
16 variety of reasons.

17 So most recently we have partnered with a  
18 specific Community Service Board, a specific CSB,  
19 just to pilot what this data collection could look  
20 like, at a very small level before we scale up.

21 We were never looking to do every -- the  
22 whole -- everyone. It was always going to be a  
23 pilot but it was going to be a larger pilot.

24 But in the absence of being able to put  
25 something like that together, we are working with a

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1 specific CSB and requesting individual level data.  
2 That has not come to -- it's still in the planning  
3 process. We have not received any data to date.

4 Q Understood.

5 Which Community Service Board are you  
6 working on this pilot with?

7 A That's Georgia Hope.

8 Q And what metrics are you hoping to receive  
9 at an individual level?

10 A So we're really wanting to understand if  
11 kids are doing better, if their functioning is  
12 improving. You know, are there -- are they meeting  
13 perhaps their treatment goals? Are they seeing --  
14 kids progressing better?

15 And so for that we are attempting to  
16 collect CANS data. It's a diagnostic tool that  
17 clinicians will use. It's comprised of lots of  
18 domains to help you understand the progress that a  
19 child might be making.

20 And then we're also attempting to  
21 understand educational outcomes. And for those --  
22 for that we've broken it down to three specific  
23 metrics: We're looking at attendance, attendance  
24 rate; behavioral, and for behavior we're relying on  
25 discipline incident data; and course progress. And

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1 so for course progress, again, this is a pilot, so  
2 we're really trying to both see what sort of data we  
3 receive but also understand the process it takes to  
4 gather this data. So for course progression we're  
5 just doing matriculation to the next grade.

6 Q How did you go about selecting those  
7 specific individual level metrics to show, as you  
8 put it, the child's progress?

9 A Sure.

10 MS. JOHNSON: Object to form but you can  
11 answer.

12 Go ahead.

13 A That's really -- we rely on previous  
14 research. We rely on literature reviews. So that's  
15 informed by us kind of going to the body of research  
16 and work that's already been done in this area.

17 What are the indicators that have  
18 previously been studied in other empirical, you  
19 know, peer review journals that have shown as strong  
20 indicators to understand if kids are doing better?

21 And so those decisions are based on just  
22 literature review and understanding kind of what's  
23 in the research base. Of course, the academic  
24 indicator is kind of coming from that body and  
25 research landscape.

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1 And then understanding the functioning of  
2 kids, of course, is coming from the children's  
3 behavioral health body of literature, although those  
4 things are really overlapping quite a bit, more  
5 recently.

6 Q Did you coordinate with staff at OCYF in  
7 the selection of those pilot metrics?

8 A Um, I don't know if coordinate is quite  
9 the right verb, but we are very much in concert, in  
10 partnership, in collaboration with DBHDD. And so,  
11 you know, before making these decisions, we  
12 absolutely bring them in. They contract with us and  
13 they trust us. That's sort of our expertise.

14 And so what we typically do with this  
15 decision, or really any direction we go in, is we  
16 sort of bring, you know, the best practices or the  
17 literature or the recommendation.

18 At the COE, one of our sort of -- what's  
19 important to us is we really see ourselves as  
20 neutral convenors. So the research that I bring  
21 isn't necessarily -- is not -- not necessarily.  
22 It's not meant to sway you in one direction or  
23 another. It's really meant to kind of bring you all  
24 the research and the data and then we  
25 collaboratively discuss what is the best fit or what



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1 -- where we think -- what makes sense for our  
2 program and our intervention.

3 Q Understood.

4 And just to go back to my question, did  
5 staff at OCYF have input on the pilot metrics?

6 A Yes.

7 Q Who had input?

8 A Layla Fitzgerald.

9 Q Did Dante McKay weigh in?

10 A And Danielle Jones as well.

11 I am not -- so I'm not recalling if, if  
12 Dante was directly involved in those conversations.  
13 And what I mean by that is -- so he, he manages a  
14 lot of programs. So he isn't always physically  
15 present for all of our meetings where a lot of these  
16 conversations take place, and I don't recall if he  
17 was present for that particular meeting, but, you  
18 know, we have sort of our, our norms of ensuring he  
19 stays in the loop, whether it's follow-up emails or  
20 meeting minutes or anything like that.

21 Layla is also very good about kind of  
22 prioritizing what needs his either feedback or  
23 approval or guidance or something like that. So I  
24 have no doubt that he -- I shouldn't say I have no  
25 doubt. I don't know. But given the kind of

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1 practice of how we work together, I -- I cannot  
2 recall if he was directly involved, but I believe he  
3 had some knowledge.

4 Q And just to make sure that the record is  
5 clear, the metrics that you've just described in  
6 connection with this pilot, you're not certainly  
7 collecting any of that data, right?

8 A I don't believe we've received the actual  
9 data yet. We're still in the process of just  
10 identifying -- the CSB kind of identifying and  
11 confirming that they can in fact, you know, be able  
12 to collect all of that data, to be able to receive  
13 all of that data, and then we also need to ensure a  
14 process -- we put a process in place that is  
15 forwarded to us de-identified.

16 So our institutional review board approval  
17 for this project very much sort of dictates kind of  
18 the parameters of the study, and currently our RIB  
19 study is approved for receiving de-identified data.

20 So I don't believe we have received any  
21 data yet.

22 Q Are there plans to expand this beyond  
23 Georgia Hope?

24 MS. JOHNSON: Object to form.

25 You can answer.

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1           A       I certainly hope so. I don't, I don't  
2 know.

3                   I think -- I mean I think that's, that's  
4 my way of doing a pilot, to confirm that all parties  
5 involved, this is something that's doable, it's  
6 actionable. On both ends. For the CSBs to also be  
7 able to retrieve that type of data at an individual  
8 level for all the kids that they're serving, and  
9 then for our end to kind of ensure, you know, the  
10 volume of data that we could potentially be  
11 receiving that we are -- we have a good  
12 infrastructure in place, we have a good analysis  
13 methodology in place to analyze it and things like  
14 that.

15           Q       So before we start talking about the  
16 pilot, I think that you mentioned that previous  
17 efforts to collect individual level data have been  
18 challenging. Could you describe what the challenges  
19 were?

20           A       Sure. So previous efforts engaged Georgia  
21 DOE in attempting to retrieve that data.

22                   Georgia DOE does have a data request  
23 process, but the type of data that we are requesting  
24 is not inclusive in sort of what their public  
25 request process is, again because it's individual

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1 level data, right.

2 So we have worked with members at Georgia  
3 DOE to understand -- to explain what our desire is  
4 and to understand what the process is.

5 And that's, that's the whole process. You  
6 know, it's been challenging at times. We've, we've  
7 sort of gone down that road and then we'll hit a  
8 little bump and it will kind of set us back. That's  
9 kind of what's happening.

10 Q What do you mean by a little bump?

11 MS. COHEN: Let's just take a short break,  
12 if you don't mind.

13 MR. HOLKINS: Okay, 5 minutes.

14 THE VIDEOGRAPHER: Off the record at 9:43  
15 a.m.

16 (A recess was taken.)

17 THE VIDEOGRAPHER: Back on the record at  
18 9:50 a.m.

19 BY MR. HOLKINS:

20 Q Mrs. Desai, when we went on break, we were  
21 talking about a request that you had made to DOE,  
22 and I think you mentioned there had been some speed  
23 bumps. My question to you is, what speed bumps did  
24 you hit?

25 MS. JOHNSON: Object to form.

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1                   You can answer.

2           A       So we, we had some -- we had just a  
3 handful of meetings with COE, DOE, and DBHDD, and we  
4 kind of identified our interests in wanting to  
5 understand the educational outcomes of the kids  
6 receiving Apex services, and the initial  
7 conversation was -- the result of I think of the  
8 first contact was DOE forwarded to us its, its -- I  
9 don't know. It's a data dictionary.

10                   It basically identifies all of the  
11 individual data points that they collect for  
12 students. They did share that with us. And, you  
13 know, said, let us kind of understand exactly what  
14 it is you're interested in.

15                   So we collaboratively identified based on  
16 that list, a very -- a very lengthy list, what we  
17 might be interested in to truly understand if kids  
18 were sort of improving. And, you know, highlighted  
19 those things that were of interest to us.

20                   I believe what happened is there was --  
21 that I think was happening at the same time that  
22 there was some change in leadership, as well as some  
23 change in policy regarding how data requests are  
24 received and processed. And so that delayed us for  
25 a little bit, as new team members were coming in,

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1 and some were I think transitioning to other jobs or  
2 retiring.

3 And so it took a minute to get new members  
4 seated, and then we resurrected the conversation  
5 and, you know, attempted to again identify those  
6 metrics that we were interested in.

7 In that time, some of the data points were  
8 no longer being collected or some maybe were, you  
9 know, redefined in some way. So we received a more  
10 updated list of data points that were collected on  
11 an individual level. So then we went through the  
12 process again of identifying what would be of  
13 interest to us.

14 And from there we were connected with -- I  
15 don't remember his exact title. It's chief  
16 something, information officer, something like that,  
17 and he then detailed for us what the exact process  
18 was to go through to request this type of data.

19 And we realized that there was maybe a  
20 pre-step that I think that I wasn't -- we weren't  
21 sure if, if -- if there needed to be some sort of  
22 preexisting data sharing agreement that needed to be  
23 in place to request this type of data.

24 So there's always -- the process -- the  
25 public process allows you to request the data, and

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1 that can be done by anyone, me, you, anyone in this  
2 room. But when you're wanting a more granular  
3 level, I think there is some -- DOE has some process  
4 of like identifying, okay, is this -- is this like  
5 such a lay way to say -- but is it too much data to  
6 be requesting it this way? Do we need a formal data  
7 sharing agreement?

8 And so that's really where the  
9 conversation kind of got a little bit of a pause.  
10 It's like do we need a data sharing agreement? If  
11 so, who is that between or amongst?

12 Q Okay. So let's go back.

13 To whom at DOE did you make the initial  
14 request?

15 I'm just looking for a name.

16 A I know. So I'm blanking on his name.

17 So there was someone there that was  
18 retiring as I came on, and I don't remember her  
19 name.

20 Q What was her title?

21 A I don't know.

22 Q When was this?

23 A 2016, 2017.

24 Q And then you made -- you renewed that  
25 request, correct?

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1 A Yes.

2 Q To whom did you make that renewed request  
3 at DOE?

4 A Ashley Harris.

5 Q And what is her title?

6 A I don't remember the title, but I know she  
7 is maybe the director, is her title. The Whole  
8 Child Supports Team. The Whole Child Supports Team.

9 Q I believe you testified that you received  
10 a data dictionary from DOE; is that correct?

11 A Yes, uh-huh.

12 MR. HOLKINS: Counsel, to the extent we  
13 don't have the data dictionary, we're going to  
14 ask that you produce it. We'll follow up.

15 MS. JOHNSON: Just to be -- just to be  
16 clear, I think she testified it was like a data  
17 dictionary but not necessarily that was the  
18 name of the document.

19 THE WITNESS: Yeah.

20 BY MR. HOLKINS:

21 Q So what exactly was it that you received?

22 A So it was a pdf, and it included, from my  
23 understanding, all of the individual -- individual  
24 and actually aggregate data points that DOE tracks.

25 And so some of the examples of things like



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1 free and reduced lunch. You know, if they had an  
2 IPE plan, 504.

3 Like it was just -- obviously, like  
4 matriculation to the next grade, discipline  
5 incidents, absences. Yeah.

6 So things that at an individual level but  
7 then there were also, now that I'm recalling, there  
8 was identification of things that could be rolled up  
9 at a school level. I think maybe even at a district  
10 level. Testing, Georgia milestones, standardized  
11 testing results.

12 Q Okay. And which specific fields did OCE  
13 express an interest in?

14 A I, I honestly cannot relay all the ones we  
15 highlighted. I will tell you that for sure we were  
16 just so excited to receive something like that, we  
17 went a little crazy with the highlighter and, you  
18 know, let's -- this would be interesting, this would  
19 be interesting.

20 And then that second year we really got  
21 realistic and, okay, what do we -- what do we need.

22 I think the idea that first year being,  
23 being able to sort of understand some descriptive  
24 data for the kids that were in the program was  
25 exciting to us.

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1 But, in reflection, that's the second  
2 time. As well as -- as I said, I believe some data  
3 points had either been like combined or collapsed.  
4 They had kind of realigned some of that.

5 So it was, it was a smaller list of what  
6 we requested.

7 Q Okay.

8 A But I don't recall, other than what I  
9 said, the absences, the discipline incidents, the  
10 matriculation.

11 Q Right. Understood. Thank you.

12 So to make sure I understand, there were  
13 two separate requests made for specific fields, one  
14 broader than the other; is that accurate?

15 A Yes.

16 MR. HOLKINS: And so, counsel, just to put  
17 a marker down, those are also documents we  
18 would like to see produced if they haven't been  
19 already.

20 MS. JOHNSON: The requests, you mean?

21 MR. HOLKINS: Exactly. The two documents  
22 that she just identified, and we can follow up  
23 after the deposition.

24 MS. JOHNSON: Sure, sure.  
25

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1 BY MR. HOLKINS:

2 Q Do you recall when each of those requests  
3 was made for the specific fields of interest at COE?

4 A Sorry. Can you repeat the question?

5 Q Sure. When were each of those requests  
6 made for the fields of interest?

7 A Okay. So I believe the initial one was  
8 2019, and the most recent one was 2021.

9 Q Is it accurate to say that the COE is not  
10 currently receiving data in connection with those  
11 requests from the DOE?

12 A Correct.

13 Q Is it also correct that there is currently  
14 no data sharing agreement between the COE and DOE?

15 A Correct.

16 Q And, to your knowledge, is there also no  
17 data sharing between DBHDD and COE in connection  
18 with the requests that the COE made?

19 A Correct.

20 Q I want to -- before we leave this line,  
21 there is so much more to talk about with respect to  
22 Apex and I don't want to lose track of where we are,  
23 but who from DBHDD was involved in this process of  
24 COE making requests to DOE for specific fields of  
25 data?

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1 A Layla Fitzgerald, Dante McKay.

2 I believe Dr. Pearson was engaged in some  
3 of the conversation.

4 And Danielle was not on the team. In 2019  
5 she was not on the team yet. I do believe she may  
6 have been present for the 2021.

7 Q Who else from the Center of Excellence,  
8 aside from yourself, was involved in these  
9 conversations?

10 A My evaluation lead for Apex. Her name is  
11 Dr. Ani Whitmore. She was engaged in the 2021, not  
12 in the 2019.

13 So she was physically present for the 2019  
14 but I believe it was within the first month of  
15 employment, so. So she has been involved in the  
16 conversations.

17 Susan McLaren, who is -- she is within --  
18 as I mentioned previously, within the COE we have  
19 several arms of work, and she is the portfolio  
20 manager for evaluation, and the Georgia Apex project  
21 sits within that. So she was engaged.

22 As well as our director for the Center of  
23 Excellence. Her name is Ann DiGirolamo.

24 Q Were any other staff at DOE involved  
25 beyond the ones you've already identified?

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1 MS. JOHNSON: Object to form, but you can  
2 answer.

3 MR. HOLKINS: So let me just rephrase.

4 BY MR. HOLKINS:

5 Q I just want to make sure the record is  
6 clear. Can you name any DOE staff who were involved  
7 in receiving and responding to these requests for  
8 specific fields?

9 MS. JOHNSON: Same objection, but you can  
10 answer.

11 A So, as I mentioned, the lady who retired,  
12 I do not recall her name. I never met her. She, I  
13 think, was already retired.

14 And at that time there was also a male  
15 that was somewhat involved in the conversation. So  
16 we're talking about 2019. And I don't -- he is  
17 still currently at DOE. I'm not recalling his name.

18 And then more recently Cheryl Benefield, I  
19 think, was -- I believe was another individual at  
20 DOE that was engaged in the conversation.

21 As well as -- as well as whomever -- it's  
22 a male and, again, because I've had such limited  
23 connection, I'm not recalling their names. But it  
24 was another male, and I think he is in charge of the  
25 school climate survey, and I believe that individual

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1 was engaged.

2 And then the one meeting with -- I think  
3 it was -- maybe it was chief information officer or  
4 something like that at DOE. We were connected with  
5 him once, and that was to really understand, okay,  
6 this unique request that we were attempting to make,  
7 what is the process and what's the best way for us  
8 to position ourselves to make a -- you know, to  
9 successfully submit a strong application for the  
10 request.

11 Q Understood.

12 So a little while ago, and please do  
13 correct me if I'm mistaken in this, I believe that  
14 you testified that accessing this client level data  
15 would help take your evaluations to the next level.  
16 Is that accurate?

17 A So I think -- so I come from an evaluation  
18 and research background, and so, you know, that's  
19 kind of what excites me, and for the programs that I  
20 work for I know that data is integral to, you know,  
21 understanding how to improve the program, how to  
22 develop the program, how to, you know, secure  
23 funding for the program. The numbers talk.

24 I think the important thing to note is  
25 what -- what is challenging is that this is not,

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1 this is not clinical research. This is applied  
2 research.

3 So, you know, my research background  
4 excites me to receive that individual level data,  
5 but it's in the presence of, you know, programming  
6 that's in real communities with real people.

7 And so that I think presents a challenge  
8 to, you know, always -- to be able to -- to be able  
9 to run a study when you are dealing with programs in  
10 communities with people is a lot more challenging  
11 than to receive data if you were doing something in  
12 a research setting with clinical trials, right.

13 So my excitement from the data comes from  
14 my background, but I love being in applied research  
15 because even though that presents challenging  
16 environments to do research, it's more timely, and I  
17 think the results are more impactful and readily  
18 accessible than what you do in a clinical trial and  
19 then it has to go through FDA, and so all of those  
20 things.

21 So I share that with you to say that I  
22 think the challenges are not new and unique. That's  
23 just what happens when you're working with programs  
24 and communities.

25 Q So I appreciate that. I'm not asking

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1 about the challenges, though. I'm asking why you're  
2 interested in this client level data. You  
3 previously testified that it would help bring your  
4 research to the next level?

5 A Uh-hum. (Affirmative.)

6 Q What did you mean when you said that?

7 MS. JOHNSON: Object, to the extent she's  
8 speaking on her own behalf not as -- for the  
9 Center of Excellence and why --

10 MR. HOLKINS: This is not, this is not a  
11 30(b)(6) deposition. She's here testifying in  
12 her own behalf. That's established.

13 BY MR. HOLKINS:

14 Q Please answer the question.

15 A Can you repeat the question?

16 Q Sure. When you said that accessing client  
17 level data would bring your research in connection  
18 with Apex to the next level, what did you mean?

19 MS. JOHNSON: Same objection, but you can  
20 answer.

21 A It would allow us to understand if kids,  
22 as I said, were improving, improving in their  
23 functioning, improving in their -- you know,  
24 improving with regard to their behavioral health  
25 needs. If those things were, you know -- whatever



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1 supports and services were necessary. If they were,  
2 you know, resulting in a way that they're showing  
3 perhaps some improvement on their treatment plans.

4 You know, with these programs in schools,  
5 that to me means there's an immediate connect --  
6 that to me means there could be an immediate  
7 connection to improvements of academics as well.

8 So we've been tracking the aggregate data  
9 and we have come to understand from the aggregate  
10 data that schools that are implementing Apex are  
11 seeing whole school benefit, and so my saying taking  
12 it to the next level with regard to collecting  
13 individual data collection would allow us to  
14 understand if that same change or benefit was  
15 present at an individual level.

16 Q Thank you, Ms. Desai.

17 You mentioned a while back that part of --  
18 one of your responsibilities at the COE was in  
19 connection with the five-year SAMHSA grant?

20 A Oh, yes.

21 Q Is that right?

22 A Uh-hum. (Affirmative.)

23 Q What was that grant?

24 A That was -- that was a grant with SAMHSA  
25 in partnership with the National -- NCTS. National

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1 Center for Traumatic -- the National Center for  
2 Traumatic Stress Network.

3 That grant was collaboratively written  
4 with the Center of Excellence and CHRIS 180, which  
5 is a local behavioral health provider.

6 That, that grant, in a nutshell, was  
7 implementing us a trauma informed framework in a  
8 school-based setting, and then also putting a  
9 therapist at that -- placing a therapist at those  
10 schools to provide therapeutic support that has been  
11 informed by this trauma framework.

12 So it's multilayer in that the therapist  
13 delivering services has been trauma informed, and  
14 the school also receives trauma informed schoolwide  
15 training for staff and administrators as well.

16 Q So CHRIS 180, is that a Community Service  
17 Board?

18 A It is not a Community Service Board.

19 Q Its another level of community provider  
20 within Georgia?

21 A Yes, correct.

22 Q And the trauma informed services that were  
23 funded through the grant, were they provided in  
24 schools?

25 A Correct.

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1 Q How many schools?

2 A Six. Six schools.

3 Q Do you know in what part of the state?

4 A They were all in APS, Atlanta Public  
5 School System. All within -- and that's how the  
6 grant was written, yeah.

7 That was identified very early in the  
8 grant, and I think that was because SAMHSA's RFP  
9 process required you to speak to the communities in  
10 which you were going to be implementing these  
11 services. And I think also showed demonstrated need  
12 from those -- of those communities to need services  
13 like that.

14 And so, as I said, I think there -- I  
15 think the grant did include some community data that  
16 kind of demonstrated that the schools within the APS  
17 system, you know, based on certain data metrics,  
18 showed that they had a need for, you know, this type  
19 of service.

20 Q What precisely did the grant fund?

21 A I can -- I mean I can speak to what the  
22 grant funded in terms of our scope of work.

23 The grant directly was to CHRIS 180, so we  
24 were sort of -- we were the subcontractor to conduct  
25 the evaluation. And so I can't -- I can't speak to

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1 how CHRIS 180 utilized that.

2 Q Do you know whether CHRIS 180 used the  
3 grant fund in whole or in part to fund staff  
4 positions?

5 A It's possible. I don't know for sure, but  
6 it's possible, yes.

7 Q What monitoring activities did the COE  
8 undertake in connection with this grant?

9 MS. JOHNSON: Object to form.

10 You can answer.

11 A So there were five goals that were  
12 identified as part of that grant, and if I recall,  
13 three of them had data collection metrics attached  
14 to those.

15 So the first was creating a trauma --  
16 creating a more trauma informed school environment.  
17 So we studied the school environment. Because,  
18 again, CHRIS 180 was placing trauma informed --  
19 trauma informed -- um, trainers, into the school to  
20 go in and provide that intervention training, that  
21 specific evidence-based practice that they were  
22 applying.

23 So, you know, that was kind of the  
24 intervention. And then we were studying -- there  
25 was a specific data collection tool that was meant

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1 to understand if the school environment is becoming  
2 more trauma informed over time. So that survey was  
3 implemented.

4 As well as we did some focus groups. I  
5 believe annually we did focus groups with the staff,  
6 to also understand, you know, from a qualitative  
7 perspective if, if the staff that chose to  
8 participate were feeling more trauma informed as  
9 well.

10 The second was to understand if the kids  
11 that are receiving the therapeutic services, if they  
12 were -- if they were -- if at an individual level,  
13 if they were showing improvement. And so there was  
14 a whole host of data collection tools that helped us  
15 to assess that. And it was, it was data points from  
16 multiple perspectives. So there was a caregiver  
17 survey, there was -- there was a teacher survey.

18 I don't think there was an outright  
19 student like perspective survey, but there was  
20 student level data coming in in terms of if their --  
21 in terms of the level and severity of their trauma.

22 And so that helped us to understand,  
23 again, the individual kids receiving these trauma  
24 informed services, if they were showing improvement.

25 And then the final kind of -- the third of

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1 the three goals that had data collection attached to  
2 it had to do with agency level. So within CHRIS  
3 180, you know, how -- the therapists that were  
4 trained in the interventions that were then employed  
5 or deployed to the schools, kind of how their own --  
6 had their own growth for the intervention and the  
7 framework, how that was kind of progressing.

8 Q Thank you.

9 Did the COE draft any reports in  
10 connection with the data collection it was  
11 undertaking for this grant?

12 A Yes.

13 Q Are those reports public?

14 A Yes.

15 Q So we'll make an effort to obtain them  
16 publicly. If not, we'll follow up with your  
17 counsel.

18 MS. JOHNSON: That's good.

19 Q Where would they be maintained publicly?

20 A I'm not sure how SAMHSA makes those  
21 public.

22 Q It was a report to SAMHSA?

23 A Correct.

24 Q I know where to find SAMHSA.

25 A Yeah.

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1 Q What's your point of contact for this  
2 grant at CHRIS 180?

3 A So my immediate contact is no longer  
4 employed with CHRIS 180.

5 Q Who was that person?

6 A Her name is Jenn Packard. Jennifer  
7 Packard.

8 Q Were you in contact with anyone else at  
9 CHRIS 180 in connection with this grant?

10 A Yes. But that person is ultimately not  
11 employed no longer at CHRIST 180.

12 Q And who is that person?

13 A I see her face. Cindy, Cindy...

14 Q That's okay if you don't recall.

15 A She, she was a C level, COE, CFO. I'm not  
16 sure. She was C level.

17 Cindy -- I'm remembering a name but I  
18 think it's a friend from childhood whose name was  
19 also Cindy. So it's Cindy.

20 Q Okay. I believe you've stated that this  
21 grant has since ended?

22 A Uh-hum. Yes.

23 Q And do you know whether the trauma  
24 informed services that the grant supported have been  
25 sustained?

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1 MS. JOHNSON: Object to form.

2 You can answer.

3 A I do not know.

4 Q Do you know whether those services are  
5 available in any other -- through any other  
6 community providers in Georgia?

7 A Do you, do you mean --

8 Q The trauma informed services that the  
9 grant supported, do you know whether they are  
10 available through any community service provider in  
11 the State of Georgia currently?

12 A Okay. So you're referring -- in your  
13 question you're referring to the specific six  
14 schools within APS, correct?

15 Q I'm referring to the services that were  
16 funded for those schools through the grant. What  
17 I'm trying to discern is whether you have any  
18 awareness that those same services exist through any  
19 community service provider in the State of Georgia?

20 A So CHRIST 180 was the agency that had  
21 developed their specific framework for trauma  
22 informed practice, and I know that initially with  
23 the, with the grant they were bringing in this new  
24 framework to train the therapists that were going to  
25 be placed in those specific schools, but over the



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1 course of the five years they just felt so connected  
2 to that particular framework that they ended up  
3 training all of their staff in that framework  
4 regardless if it was a therapist doing direct  
5 therapy or the receptionist.

6 They just felt so connected to that being  
7 a good way to do business that they trained  
8 everyone.

9 And so knowing that, I have -- I am, I am  
10 believing that because all the therapists were  
11 trained in that, even beyond those that supported  
12 just that grant, that that work is continuing.

13 Q Are you aware of whether other community  
14 service providers beyond CHRIS 180 are providing  
15 training to therapists on this framework?

16 A So as part of their grant, one of the five  
17 goals was to attempt to create a wider network, yes,  
18 of therapists across the State that were going to be  
19 more trauma informed, for their purpose in this  
20 particular framework, because it really resonated  
21 with them.

22 And so through that goal CHRIS 180, at no  
23 cost, did offer this training to other therapists  
24 employed by other behavioral health providers across  
25 the State. And I believe they, in the end,

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1 connected with three other providers and did go  
2 through and train those providers as well.

3 Q Thank you.

4 Did the Center of Excellence provide any  
5 training or technical assistance in connection with  
6 this grant?

7 A The only technical assistance that we  
8 provided for this grant is really in the area of  
9 just evaluation. We did not provide any other TA,  
10 no. Just the evaluation.

11 And so, you know, as the data came in,  
12 quantitative or qualitative, we would, you know,  
13 unpack it, understand it. CHRIS 180 would put some  
14 context to it, given they are the knowers of the  
15 implementation in schools and things. And that  
16 would allow us to collaboratively engage in  
17 conversations, you know.

18 Q Okay. So stepping back from the grant, I  
19 want to just ask you some more foundational  
20 questions about your job.

21 Who do you report to directly?

22 A Susan McLaren.

23 Q And what is your title at COE?

24 A Senior Research Associate.

25 Q And who reports to you directly at the

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1 COE?

2 A I serve as an administrative supervisor  
3 for two team members.

4 Q And who are they?

5 A One team member's name is Issis Nelson  
6 Graham, and one team member's name is Janese  
7 Cordova.

8 Q For the first individual you just  
9 referenced, what is that person's title?

10 A They are both Research Associate II.

11 Q Okay. Thank you.

12 A No, sorry. Yes, I think they are both  
13 Research Associate II.

14 Q I believe you testified earlier the Center  
15 of Excellence has a contract with DBHDD; is that  
16 correct?

17 A Correct.

18 Q So I am going to share with you by Zoom an  
19 exhibit.

20 Give me one second and I'll pull it up.  
21 What I'll do, we'll practice before, is give you  
22 control and you can take a look at the document.

23 Can you see this document, Ms. Desai?

24 A I can.

25 MR. HOLKINS: For the record, this is

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1 GA00661708, produced by the State of Georgia to  
2 the United States in this matter.

3 BY MR. HOLKINS:

4 Q At the top of the document it reads "State  
5 of Georgia, Department of Behavioral Health  
6 Development Disabilities Contract," and at the very  
7 top of the right corner it says "DBHDD - Georgia  
8 State University FY2020, Center of Excellence."

9 Ms. Desai, please take a moment to review  
10 the document. I am going to give you control so you  
11 can scroll through. There's no need for you to  
12 review line by line, but I do want to give you a  
13 chance to familiarize yourself with the document.

14 Please let me know when you're finished.

15 A Okay.

16 (Witness reviews exhibit.)

17 MR. HOLKINS: For the record, this is  
18 Exhibit 43.

19 (WHEREUPON, Plaintiff's Exhibit-43 was  
20 marked for identification.)

21 A Okay.

22 Q Ms. Desai, before today, have you seen  
23 this document?

24 A In -- perhaps not in this, in this form.  
25 I've seen -- I've seen pieces of this document.

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1 This is, I think, a pdf of several other documents  
2 that have been combined.

3 So I have seen some pieces of this  
4 document, yes.

5 Q And did you have a hand in -- let me just  
6 step back.

7 What is your role in connection with the  
8 contracting process between the COE and DBHDD?

9 A Sure. So I am responsible for creating a  
10 budget and a scope of work for my specific projects  
11 that I lead. And so for this contract that is the  
12 Georgia Apex program.

13 So I create a scope and budget to support  
14 that work.

15 Q Okay. Thank you.

16 And is that an ongoing responsibility with  
17 respect to contracting between DBHDD and COE?

18 A Yes. So -- and then -- so I -- so in  
19 project leads kind of direct, and then it sort of  
20 gets rolled up, combined, yeah.

21 Q Just to make sure it's clear, that's  
22 something that you do annually?

23 A Correct.

24 Q I want to direct you to Page 23. I called  
25 this up on the screen. The title of this page is

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1 "COE Scope of Work and Projects under CYF, Overall  
2 Contract FY20."

3 Do you see that title?

4 A I do.

5 Q And the first project is Apex. Do you see  
6 that?

7 A Yes.

8 Q Is this what you meant when you were  
9 talking about drafting the scope of work for your  
10 project, Apex?

11 A Yes.

12 Q So you drafted all the text that we see on  
13 the page right now?

14 A Collaboratively, yes.

15 Q With whom did you collaborate?

16 A So at the time my two leads for the  
17 project. So, again, Dr. Ani Whitmore for  
18 evaluation, and Rachel Campos for technical  
19 assistance.

20 Oftentimes I also connect with my  
21 immediate supervisor as a thought partner, and then  
22 before this gets finalized, Layla Fitzgerald and  
23 Dante McKay also do preview it.

24 Q And when you say your immediate  
25 supervisor, that's Susan McLaren?

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1 A Susan McLaren.

2 Q Thank you.

3 Who does Susan McLaren report to at the  
4 Center of Excellence?

5 A She reports to one of our directors, Angie  
6 Snyder.

7 Q What is Angie Snyder's role?

8 A Angie leads a lot of our projects related  
9 to funding financing.

10 Q Who -- is there an executive director or  
11 CEO --

12 A Yes.

13 Q -- for the Center of Excellence?

14 A Yes.

15 Q Who is that person?

16 A Karen Minyard.

17 Q Is it Karen?

18 A Karen, K-A-R-E-N. Karen Minyard.

19 Q How long has Karen been in that role?

20 A I believe since the Center's inception.

21 Q And do you know when that occurred?

22 A 27 years. I believe.

23 Q Does Angie -- I apologize for not  
24 remembering her last name?

25 A Snyder.

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1 Q Snyder. Thank you.

2 Does Ms. Snyder report to Karen? And  
3 again I don't have her last name. I apologize.

4 A That's okay.

5 I believe so.

6 Q Thank you.

7 I believe you referenced another staff  
8 member at COE previously. I think her name is Ann  
9 DiGirolamo?

10 A DiGirolamo. She is the director for the  
11 Center of Excellence.

12 Q Okay. And what is Ms. DiGirolamo's --  
13 what are her duties broadly as director for the  
14 Center?

15 A She, she oversees, you know, really all of  
16 the work that falls -- that falls within our scope  
17 of work broadly at the COE.

18 Q Does she have any responsibilities  
19 specifically with respect to your projects?

20 A She -- yeah. I mean -- as this project  
21 sits within her, you know, her portfolio. Yes, she  
22 does.

23 Q When you say this project, you're talking  
24 about the Apex project?

25 A Right.



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1 Q Would she review, for instance, the COE  
2 scope of work that we're discussing?

3 A Oh, yes. She, she leads that process. So  
4 we individually, as project leads, come together --  
5 or create drafts of our scope and budgets, and yes.

6 Ann DiGirolamo, with, with collaboration  
7 with another team member helps to bring this work  
8 together.

9 The other team member is, is who manages  
10 this, this budget, the OCYF budget.

11 Q You probably have already referenced that  
12 person, but who is that?

13 A Her name is Astrid, Prudent.

14 Q Thank you.

15 A A-S-T-R-I-D, P-R-U-D-E-N-T. Astrid  
16 Prudent.

17 Q Is there a contract between COE and DBHDD  
18 for FY21?

19 A That's the year we're in right now? We're  
20 in FY22?

21 Yes, yes, we have a contract every year.

22 Q And so you've created scopes of work  
23 specific to the Apex program for the FY21 contract  
24 as well?

25 A Yeah. We're -- I'm getting confused now.

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1 We're in --

2 Q I think we may be in '22 now.

3 A Yes, we're in fiscal year '22.

4 Yes, we produce this annually.

5 Q Okay.

6 MR. HOLKINS: So, counsel, I think we only

7 have -- the most recent contract that we have

8 between CEO and DBHDD is this one, for FY20.

9 So we would just ask for supplementation, so we

10 have the most recent contract, all of the

11 contracts really between 2016 and the present.

12 MS. JOHNSON: Are you going to send a

13 list?

14 MR. HOLKINS: We will, yes.

15 BY MR. HOLKINS:

16 Q So let's put this document aside, and I'm  
17 going to show you another one.

18 MR. HOLKINS: I believe this is 44. It's  
19 two documents.

20 MS. COHEN: So these two documents are  
21 attached as Exhibit 44?

22 MR. HOLKINS: These two documents together  
23 will be Exhibit 44.

24 MS. COHEN: Thank you.

25 (WHEREUPON, Plaintiff's Exhibit-44 was

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1 marked for identification.)

2 BY MR. HOLKINS:

3 Q Ms. Desai, you've just been handed what's  
4 been marked Exhibit 44.

5 MR. HOLKINS: For the record, these are  
6 two documents. The first is an email with the  
7 Bates No. GA00152174.

8 Q That email was sent from Dante McKay on  
9 January 1 -- excuse me -- January 19, 2021, to a  
10 number of recipients, including yourself, and  
11 attached to the email is a document entitled, "COE  
12 Product Status DM 01/18,21."

13 MR. HOLKINS: So I think we're going to  
14 actually have to split these up. It's my  
15 mistake, because the attachment that I grabbed  
16 is for a different date.

17 So this must be a subsequent version.  
18 It's dated 1/19/21 and the attached email is  
19 1/18/21.

20 I apologize for that. Let's divide that  
21 up.

22 The first exhibit will just be the email,  
23 which is, I believe, 44.

24 BY MR. HOLKINS:

25 Q So let's just talk about that.

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1           So, Ms. Desai, this email describes the  
2 status of various projects that COE is undertaking  
3 in connection with this contract with DBHDD,  
4 correct?

5           A     Correct.

6           Q     Do you meet regularly with DBHDD to  
7 discuss the status of COE's projects?

8           A     We do.

9                     This one is a cross project, this  
10 communication, but for individual projects we have  
11 specific staff that we meet with regularly.

12          Q     Let me make sure I understand.

13                     Does the COE have meetings with DBHDD to  
14 discuss all of COE's work, or is it specific -- are  
15 those meetings specific to certain projects?

16          A     Both.

17          Q     Both?

18          A     Uh-hum. (Affirmative.)

19                     So, you know, in projecting and  
20 forecasting the next fiscal year's work, we will  
21 meet similar to what this email is kind of saying,  
22 that we will -- you know, we will meet as a very  
23 large group to talk about status of work and  
24 forecasting and projection.

25                     But then for kind of the maintenance and

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1 the execution of the work, we meet as smaller teams,  
2 you know, based on the project and who the project  
3 contacts are for both the COE side and the DBHDD  
4 side.

5 Q Okay. So let's put this aside. That's  
6 44.

7 Now I'm going to show you 45.

8 MR. HOLKINS: I'm not sure if that's been  
9 remarked. We may need to stamp that.

10 (WHEREUPON, Plaintiff's Exhibit-45 was  
11 marked for identification.)

12 BY MR. HOLKINS:

13 Q Ms. Desai, you've just been handed  
14 GA00152179. At the top left corner it reads "COE  
15 Scope of Work, Status Review - Product, Last updated  
16 1/19/21."

17 Ms. Desai, have you seen this document  
18 before today?

19 A I have.

20 Q What is this document?

21 A This document is drafted to support  
22 identification of the work for the specific projects  
23 that are within the OCYF contract, and we  
24 collaboratively come to a final version of this, of  
25 this table, that then gets, you know, included with

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1 the budget, which becomes the contract that we were  
2 previously looking at.

3 Q So this is a document that you're drafting  
4 in preparation to submit your scope of work for the  
5 COE/DBHDD contract; is that accurate?

6 A Yes.

7 Q Do you update this scope of work document  
8 on a rolling basis throughout the year?

9 A Yes. So in my role, that's really what my  
10 role is meant to do, is to ensure that, you know,  
11 we're checking off all of our activities and  
12 confirming that we have completed our deliverables  
13 by the end of this state fiscal year.

14 So, yes, I use this as kind of my roadmap,  
15 if you will, of, of ensuring that the work gets  
16 completed and, you know, keep in touch with our  
17 DBHDD partners to identify if something needs to  
18 change or be adjusted or what-not.

19 Q Would you say that you're updating this  
20 document on a weekly basis?

21 A Um, when you say update, like -- so I'm  
22 not, I'm not necessarily coming back to this  
23 particular document, but it's -- but it is something  
24 that, yes, I kind of keep track of.

25 So this -- like this -- this document, in

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1 terms of process for me and the way I lead my  
2 project, sort of gets broken down into then what's  
3 happening on the evaluation side and then what's  
4 happening on the TA side. Yeah.

5 Q And are there documents like this for each  
6 of those sides, evaluation and monitoring?

7 A Yes.

8 Q Okay.

9 A They may not look like this table.

10 Q Understood.

11 A But, yes, it might be a spreadsheet that  
12 helps track which team member is working on what and  
13 what are some milestones, what are some deliverable  
14 dates, things like that.

15 Q And when those documents are updated or  
16 revised, are they shared within the team?

17 A Sometimes they are shared as kind of  
18 tangible documents. Otherwise, we have a -- we have  
19 a weekly team meeting because this body of work, as  
20 a lot of work, requires multiple team members coming  
21 together.

22 So the weekly meetings help to keep one  
23 another updated and informed with the progress.

24 Q And those are meetings that includes staff  
25 from OCYF, correct?

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1 A The weekly meetings do not include staff  
2 from OCYF. Those are internally to kind of keep us  
3 on track. Our -- yeah.

4 Q And are you reporting back to staff at  
5 OCYF about progress in connection with the projects  
6 listed here as well?

7 A Yes. So our OCYF meetings, we have two  
8 monthly. One is meant for the entire Apex team from  
9 the COE side, and then the DBHDD partners. And one  
10 is meant for just the leadership. And so  
11 representing COE for the leadership would be myself  
12 and my two leads, evaluation and technical  
13 assistance.

14 MR. HOLKINS: Counsel, I just want to put  
15 a marker down that this is another area we  
16 would appreciate supplementation, and we'll  
17 follow up to specify the interest. But in  
18 general we're looking to see updates to the COE  
19 -- excuse me -- the COE Scope of Work since  
20 January 19, 2021.

21 BY MR. HOLKINS:

22 Q I just have a few more questions for you  
23 before we take a break.

24 A Okay.

25 Q What is Layla Fitzgerald's job, as you



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1 understand it?

2 A I believe she is the program manager for  
3 several programs, one of which is the Georgia Apex  
4 program. Within the OCYF office.

5 Q Do you have any knowledge with respect to  
6 a memorandum of understanding between DOE and DBHDD  
7 with respect to Layla Fitzgerald's role?

8 A She was named a mental health liaison, I  
9 think was the title that was kind of being shared.  
10 She helps to -- I believe within that role  
11 she is bringing in a mental health perspective,  
12 mental health liaison.

13 Q And from your perspective, have Ms.  
14 Fitzgerald's duties changed since she took on that  
15 new role as behavioral health liaison?

16 A Yes.

17 Q How so?

18 A She is -- she is more -- she is present  
19 and more active in some of the I think DOE teams --  
20 I'm not sure what they're called there. But she,  
21 she is more active with some of their teams, with  
22 some of their initiatives.

23 She works with the Whole Child Support  
24 initiative. I think she's more present in a lot  
25 more of -- I think she's more present, more those

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1 meetings and those kind of initiatives.

2 Q Ms. Desai, do you serve on any state level  
3 committees or work groups as part of your official  
4 job responsibilities at COE?

5 A I don't think so. I don't think they're  
6 state level.

7 I support kind of coalitions and  
8 collaborations, but I don't think they're -- I don't  
9 think that's what you're asking me.

10 Q Right. I'm asking about committees or  
11 work groups that are led by the State.

12 MS. JOHNSON: Object to form.

13 You can answer.

14 A I don't believe so.

15 Q You say that you support coalitions and  
16 collaborations. Which ones are you referring to?

17 A The -- I know the acronym. Georgia  
18 Education Climate Coalition.

19 And the school-based behavioral health  
20 collaborative.

21 Q Anything else?

22 A Not that I'm recalling at this point.

23 Q What is the school-based behavioral health  
24 collaborative?

25 A That is a collaborative that is led,

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1 jointly led, by Voices for Children, the Carter  
2 Center, and Georgia Appleseed.

3 Q What do they do?

4 MR. HOLKINS: Let me reask that.

5 BY MR. HOLKINS:

6 Q What is the work of the school-based  
7 behavioral health collaborative?

8 A I believe it is to bring together various  
9 professionals and perspectives in school-based  
10 behavioral health services in the state, to help  
11 identify best practices, opportunities for  
12 improvement.

13 Q How long have you been participating in  
14 the school-based behavioral collaborative?

15 A I believe since 2019.

16 Q Does the collaborative meet?

17 A The collaborative did meet in person  
18 before the pandemic. Since the pandemic, we've been  
19 meeting virtually.

20 Q How often does the collaborative meet?

21 A Quarterly. I believe it's quarterly.

22 Q Do any representatives from the GNETS  
23 program participate in meetings with the  
24 collaborative?

25 MS. JOHNSON: Object to form.

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1                   You can answer.

2           A       I don't know. I'm not, I'm not sure.

3           Q       How many participants are there in  
4 collaborative meetings?

5           A       Participation varies, attendance varies.

6                   Maybe anywhere from 10 to 12 consistently,  
7 but not necessarily the same consistently.

8           Q       So you don't recall whether in any of  
9 those meetings since 2019 one of those 12  
10 participants was a representative of the GNETS  
11 program?

12                   MS. JOHNSON: Object to form.

13                   You can answer.

14           A       I don't recall anyone introducing  
15 themselves and identifying that I'm with GNETS.

16           Q       Do you generally know the people who are  
17 participating in the school-based behavioral  
18 collaborative meetings?

19           A       The most active participants, yes.

20           Q       Are GNETS program directors active  
21 participants in school-based behavioral health  
22 collaborative meetings?

23           A       I don't know.

24                   MS. JOHNSON: Object to form.

25                   You can answer.

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1 A I don't know.

2 Q You just testified, though, that you know  
3 the most active members of the school-based  
4 behavioral health collaborative, correct?

5 A Right.

6 Q Do you know whether any of those  
7 participants of the collaborative are  
8 representatives of the GNETS program?

9 MS. JOHNSON: Same objection.

10 You can answer.

11 A I don't know, because I don't recall  
12 anyone's title having GNETS in it. I don't think  
13 so, but I --

14 Q Have you ever invited a representative of  
15 the GNETS program to participate in the school-based  
16 behavioral health collaborative?

17 MS. JOHNSON: Objection.

18 You can answer.

19 A I'm just a member. I don't do any of the  
20 planning for the meeting, so I don't know who has  
21 been invited. I just attend.

22 Q Who does the planning for those meetings?

23 A That is jointly between Voices, the Carter  
24 Center, and Georgia Appleseed. They are the --  
25 they're the organization supporting the creation of

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1 this collaborative, and typically that invitation --  
2 the calendar invite comes from the Carter Center.

3 Q Are you aware that the GNETS program has a  
4 statewide program director?

5 A I am not.

6 Q Are you aware of whether individual GNETS  
7 programs have facilities directors?

8 MS. JOHNSON: Object to form.

9 You can answer.

10 A I am not.

11 Q Have you ever met a GNETS program  
12 director?

13 MS. JOHNSON: Object to form.

14 You can answer.

15 A I don't believe so.

16 Q What's your understanding of the term  
17 "GNETS program director"?

18 A Someone who is managing the GNETS schools.

19 Q Have you ever met someone who manages a  
20 GNETS school?

21 A I have only met one person that to my  
22 knowledge has been connected with the GNETS program.

23 Q Who is that person?

24 A Derrick Gilchrist.

25 Q And what was -- what is Derrick

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1 Gilchrist's connection to the GNETS program, to your  
2 knowledge?

3 A He -- I believe he was the principal of a  
4 school -- and I'm not sure if it's GNETS school, but  
5 he is connected with GNETS. But I'm not sure if  
6 he's the principal of the GNETS school, if he was  
7 the principal of the -- a non-GNETS school but had  
8 connection to the GNETS school.

9 In, in -- I think in the Clayton County  
10 area.

11 Q And just to be clear, and correct me if my  
12 understanding is mistaken, are you referring to a  
13 GNETS classroom that's embedded in a general  
14 education facility?

15 A No. I believe the South -- so I'm  
16 referring to the South Metro GNETS.

17 Q Understood.

18 A I believe those are GNETS schools, not a  
19 classroom. I believe they are.

20 Q Standalone GNETS centers?

21 A I believe so.

22 Q Has Derrick Gilchrist ever joined, to your  
23 knowledge, a meeting of the school-based behavioral  
24 health collaborative?

25 A No.

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1 Q Are you ever in contact with the Georgia  
2 Advocacy Office?

3 A No.

4 Q Are you ever in contact with any, any  
5 staff at the Georgia ASO Collaborative?

6 A No.

7 Q Are you ever in contact with any staff at  
8 the Georgia ombudsperson for children?

9 A No.

10 Q Ms. Desai, I understand that you have a  
11 master's in social work. Do you have any other  
12 training as a researcher beyond that master's  
13 degree?

14 A My undergraduate degree was also heavily  
15 focused on research and evaluation.

16 I, I did a lot of work with professors  
17 that were engaged in research.

18 Q Anything else?

19 A All of my previous positions have, have  
20 always been in the research and evaluation field,  
21 and specifically within children's behavioral  
22 health.

23 Q Are you referring to the previous  
24 positioning at the Center of Excellence?

25 A No. I'm -- well, yes, but I'm also



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1 including my time at ICF, my time at my previous  
2 employment as well, and then the research and  
3 evaluation work I did as a graduate research  
4 assistant while pursuing my master's and my  
5 bachelor's.

6 MR. HOLKINS: Let's take a longer break,  
7 maybe 10 or 15 minutes, however much time you  
8 need.

9 So aim for around 11:15. Is that okay?

10 MS. JOHNSON: Okay.

11 MR. HOLKINS: All right.

12 THE VIDEOGRAPHER: Off the record at 10:58  
13 a.m.

14 (A recess was taken.)

15 THE VIDEOGRAPHER: We're back on the  
16 record at 11:22 a.m.

17 BY MR. HOLKINS:

18 Q Ms. Desai, I just have a couple more  
19 questions for you regarding the contract from FY20  
20 that we discussed before the break and then we're  
21 going to move on.

22 You don't actually need to pull it up, but  
23 I'm just curious whether those contracts reflect all  
24 of the projects the COE is undertaking for DBHDD?

25 A Under the OCYF contract?

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1 Q Yes.

2 A To my knowledge, yes.

3 Q And to your knowledge, is the Apex project  
4 the largest budget item?

5 A To my knowledge, yes.

6 Q I'd like to ask you some more questions  
7 about the GNETS program.

8 What is your understanding of the target  
9 population for the GNETS program?

10 MS. JOHNSON: Object to form.

11 You can answer.

12 A That it is meant to support students in  
13 need of supports and services that exceeds what can  
14 be provided in a -- I think you used the term  
15 general education --

16 Q Setting?

17 A Setting, that's the word I was looking for  
18 previously.

19 Q What's the basis for that understanding?

20 A The basis for that understanding is just  
21 kind of my knowledge of the, the GNETS program, like  
22 what it's -- the program description. As well as  
23 just my knowledge and understanding of children's  
24 behavioral health, social/emotional disturbances,  
25 level of need of students, and kind of the community

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1 supports and services that can be put into place.

2 Q You referenced a program description for  
3 the GNETS program. Which one are you referring to?

4 A GNETS.

5 Q No. But which program description? Where  
6 did you read that?

7 A Oh, I mean initially when I took on the  
8 project, just Goggling it. Just Goggling what is  
9 GNETS, what does the acronym stand for.

10 Q You say when you initially took on the  
11 project. Is that the Apex project?

12 A No.

13 Q The GNETS?

14 A Uh-huh. (Affirmative.)

15 Q So let's go back and talk about that. Can  
16 you describe what that project was?

17 THE WITNESS: Oh, the audio isn't on for  
18 those listening remotely.

19 I'll hit unmute.

20 Q Let me go ahead and reask that.

21 I think you referenced the GNETS project  
22 that you worked on, right?

23 A Correct.

24 Q Could you describe what that project  
25 entailed?

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1           A       Sure. So that project was between the  
2 Center of Excellence, COE, and the South Metro  
3 GNETS.

4                   This project took place quite a few years  
5 ago, so I'm just doing the best I can to recall all  
6 of the information related to it.

7                   So I believe South Metro GNETS is within  
8 the Clayton County geographic area. We partnered  
9 with South Metro GNETS and I believe the main point  
10 of contact was Derrick Gilchrist.

11                  That project was initiated by two of my  
12 colleagues. I was not -- I was not -- I was not  
13 staffed for it initially. It was a three-year  
14 project, and it was meant to understand the kids  
15 receiving supports in the schools, if they -- I  
16 believe there was individual student level data  
17 collection, and there was also understanding of  
18 exactly what supports and services the children were  
19 receiving, to kind of just know what -- you know,  
20 what I guess the dosage, the amount of services,  
21 what services, things like that, that they were  
22 receiving.

23                  And so it was a three-year project. My  
24 participation in that project was just in the very  
25 final three months, and that is because the main

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1 point of contact for that project at our Center  
2 transitioned to another job, and in the last three  
3 months, really, it was just coming in to kind of do  
4 a final, final analysis of what data we did have,  
5 and then to produce a report for it.

6 And so, as I said, my participation is --  
7 you know, just came in the last three months of the  
8 three-year.

9 Q So thank you very much for the  
10 explanation.

11 I'm going to ask you specific questions  
12 about your answer. The first is, when was this  
13 project initiated?

14 A I believe 2016, 2017.

15 Q And when did your involvement start?

16 A I believe it was in 2019.

17 Q Who was the lead on that project for the  
18 Center of Excellence?

19 A So that body of work -- I don't think  
20 there was one lead. I think there were two  
21 co-leads, because we were supporting two activities.  
22 Evaluation certainly. So the lead for that was  
23 Susan McLaren.

24 And there was also -- there was also a  
25 workforce focus in that wraparound, was the

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1 framework intervention that was being -- that was  
2 kind of informing how the students were receiving  
3 services. And so that's Astrid Pruett. She was the  
4 lead for that piece of the work.

5 Q What was the genesis of this project? Did  
6 this GNETS center approach COE or did you approach  
7 the GNETS center?

8 MS. JOHNSON: Object to form, and it  
9 misstates the testimony, to the extent you're  
10 referring to a GNETS center.

11 Q What's the name of the GNETS program that  
12 this project involved?

13 A South Metro GNETS.

14 Q Okay. Is South Metro GNETS a GNETS  
15 center?

16 A I -- I don't know if it's a center. I  
17 think maybe it's a GNETS standalone facility.

18 Q Is, to your knowledge, South Metro a GNETS  
19 standalone facility?

20 A I believe so.

21 Q Did South Metro GNETS approach the COE  
22 about initiating this project?

23 A I am unclear exactly how the project came  
24 to be. It was a collaboration in conversation  
25 between COE and South Metro GNETS, perhaps Derrick

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1 Gilchrist, but I am unclear technically who  
2 initiated, who initiated it.

3 Q Did the Center of Excellence visit the  
4 South Metro GNETS facility in connection with this  
5 project?

6 A I don't know.

7 Q Did you personally visit?

8 A No.

9 Q Have you ever visited a GNETS facility?

10 A No.

11 Q I believe you described that your role in  
12 connection with this project was contributing to  
13 final analysis in drafting a report. Is that  
14 correct?

15 A Correct.

16 Q Is that report public?

17 A I am not sure. So if I recall, we drafted  
18 a report. We forwarded it to Derrick, and I  
19 remember a handful of other members that were copied  
20 on that email, just because they were copied on  
21 previous emails and were connected to the project.

22 And what I don't recall if -- I don't  
23 recall if, if -- if that report -- like if he signed  
24 off -- like if he approved that report and then it  
25 was considered final. And so for that reason I

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1 don't recall. And then I think honestly the  
2 pandemic happened, so.

3 Q Did you receive a response from Derrick  
4 Gilchrist to that email sharing a draft of your  
5 report?

6 A I believe I did receive an email  
7 confirming that he had received it. I just don't  
8 recall if he had feedback and I responded and then  
9 we kind of then considered it final. I don't recall  
10 that.

11 Q Would any of his feedback be reflected in  
12 your email?

13 A Wouldn't his feedback be reflected in my  
14 email? What do you mean?

15 Q If Derrick Gilchrist provided feedback on  
16 this report in connection with this project, would  
17 you expect to find that feedback in your email?

18 A I would expect that feedback to be  
19 included in an attachment that would have been  
20 included in the email.

21 Q Okay.

22 A It was a draft Word document. So  
23 typically we review with track changes, and so I  
24 don't necessarily -- necessarily know I would expect  
25 feedback in the body of an email, but I would expect



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1 some feedback in the document.

2 MS. COHEN: I'm just going to interject  
3 right now. I'm hearing from folks that the  
4 audio is not on for Zoom.

5 Are you miked up.

6 (Discussion ensued off the record.)

7 BY MR. HOLKINS:

8 Q Did you collect documents at the State's  
9 direction in response to the United States discovery  
10 in this matter?

11 A Did I collect -- I'm sorry. Can you --

12 Q Did you collect documents at the State's  
13 direction in response to the United States discovery  
14 requests in this matter?

15 A We're transitioning back to Apex? Are we  
16 leaving the GNETS conversation.

17 Q I'm just asking you broadly about whether  
18 you collected any documents, including email, at the  
19 State's direction in response to the United States  
20 discovery request in this matter?

21 A I have received requests for documents for  
22 my, for my -- for participation in the Apex project.

23 Q Have you collected any email in response  
24 to the United States discovery requests?

25 A I have not -- I have not been requested to

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1 submit any emails.

2 Q Okay. What was the subject of your  
3 analysis in connection with this pilot?

4 A Which pilot?

5 Q Excuse me. The project, the South Metro  
6 GNETS facility, what was your -- the subject of your  
7 final analysis?

8 A So we were -- again, we were studying --  
9 we were studying the services that they were  
10 receiving, so the description in nature as well as  
11 the quantity, and I believe there -- so that's with  
12 what's connected to the wraparound services that  
13 they were receiving.

14 And I believe it was also meant to include  
15 some individual level data. I don't remember the  
16 specifics of the individual level data.

17 In the end, the evaluation did not collect  
18 a lot of data. We did not have a lot of data.

19 Q Why not?

20 A I don't know for sure. I can presume.

21 The, the kids were difficult to maintain  
22 contact with. It was difficult getting multiple  
23 points of data, and it was difficult to follow kids  
24 and receive data at initiation of services, six  
25 months, five months. I'm not -- I'm not sure what

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1 the frequency was, but there was a challenge in  
2 maintaining contact with the students.

3 So I presume that that was a factor.

4 I also believe staff turnover was a  
5 challenge as well, and I think staff turnover from,  
6 you know, from the staff that was supporting the  
7 students but also the staff that was supporting the  
8 program, if you will. I think there was some staff  
9 turnover. So that I think presented a challenge as  
10 well.

11 Q Are you referring to GNETS staff?

12 A I'm referring to staff that was connected  
13 with Derrick Gilchrist. So maybe that is -- that  
14 staff might be, you know, administrative.

15 And then I'm referring to -- I think those  
16 individuals that were then more directly connected  
17 with the supports and services being delivered.

18 Q What efforts were made by the COE to  
19 contact the children at the GNETS facility at South  
20 Metro?

21 MS. JOHNSON: Objection to the extent your  
22 answer calls for speculation.

23 You can answer.

24 MR. HOLKINS: I'm just going to go ahead  
25 and have a side-bar right now.

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1 To the extent that your objections are  
2 basically prejudging whether she is speculating  
3 or has knowledge, I request that you not do  
4 that.

5 Objections should be limited to form. It  
6 should not include any instructions to the  
7 witness.

8 MS. JOHNSON: She's the -- she has  
9 established she was only there for the last  
10 three months of the program, so she wouldn't  
11 have personal knowledge of what efforts the COE  
12 made to reach out to the students.

13 MR. HOLKINS: It's not your position to  
14 state what she knows or does not know. It's  
15 her position to answer the questions that we  
16 pose to her.

17 Your objections should be limited to form.  
18 Your objection.

19 MS. JOHNSON: We haven't, we haven't  
20 agreed to reserve all objections except to form  
21 until first use of the trial. We haven't made  
22 that agreement. So if we want to do that now,  
23 we can. Otherwise, I'm going to continue  
24 objecting.

25 MR. HOLKINS: So the federal rules do not

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1 permit speaking objections, correct?

2 MS. JOHNSON: No.

3 MR. HOLKINS: Okay.

4 MS. JOHNSON: So do you want me to limit  
5 my objection to just saying objection?

6 MR. HOLKINS: I want your objections to  
7 comply with the federal rules.

8 MS. JOHNSON: Okay.

9 MR. HOLKINS: Okay.

10 BY MR. HOLKINS:

11 Q So let's continue.

12 What efforts were made by the Center of  
13 Excellence to contact students at the South Metro  
14 GNETS facility?

15 MS. JOHNSON: Same objection.

16 You can answer.

17 A I am -- I am not completely aware. I  
18 would presume -- I would presume not many because my  
19 recollection of the evaluation did not include us  
20 directly reaching out to the students. We were  
21 connecting with staff that we were connected to via  
22 Derrick Gilchrist, who were then meant to collect  
23 the data.

24 So even the very little data we received  
25 was not directly connected with us and the student.

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1 It was, it was shared with -- it was, it was -- it  
2 was shared with us. It was forwarded to us.

3 Q So just to make clear, the question was,  
4 what contact did OCE have directly with students  
5 enrolled at South Metro GNETS? What's your answer  
6 to that question?

7 A I am not aware of any contact. But I  
8 don't know because, again, I -- I was only on for  
9 the last three months to wrap up evaluation  
10 activities. So what was done previous to that, I  
11 don't have knowledge.

12 Q Would Susan McLaren have knowledge about  
13 that topic?

14 A She may.

15 Q What were your findings in this report?

16 A I believe the best word I can use is  
17 inconclusive. Just because of a lack of, lack of  
18 enough data to be able to draw really any  
19 conclusion.

20 Q So you drew no conclusions regarding the  
21 services being provided to students enrolled in the  
22 South Metro GNETS facility?

23 MS. JOHNSON: Object.

24 You can answer.

25 A I, I don't recall. That report was

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1 written so long ago nothing is standing out.

2 Q The report was written in 2020, correct?

3 MS. JOHNSON: Object.

4 A I think it was 2019. I don't recall.

5 Q You joined in 2019; is that right?

6 A No. I joined in 2017.

7 Q That's when you first started working on  
8 the project?

9 A No. That's when I joined the Center.

10 Q I'm sorry. Just to be clear, you started  
11 working on the South Metro GNETS project in 2019,  
12 correct?

13 A Correct.

14 Q And when was the report submitted to  
15 Derrick Gilchrist?

16 A I believe 2019.

17 Q And so you have no recollection sitting  
18 here today of whether you drew any conclusions  
19 regarding the services received by GNETS enrolled  
20 students at the South Metro facility?

21 MS. JOHNSON: Objection.

22 A I, I don't believe we -- I don't believe  
23 we did because, as I stated, we didn't have a lot of  
24 data, and we didn't have a lot of matched data, and  
25 so we felt -- we didn't feel like we had enough

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1 information to, to make any declaration of anything.

2 We -- if I recall, we -- and I, I am  
3 almost sure that is included in the report that, you  
4 know, that there was some limitations.

5 Q What data specifically did you feel like  
6 you needed but did not have in order to reach  
7 conclusions in that report?

8 A So as part of receiving wraparound  
9 services, there is a -- kind of, um, like -- what's  
10 the word? Recommended.

11 There is a recommended way in which you  
12 follow up with students receiving services. That  
13 includes reaching out to -- that includes receiving  
14 information and data from the parent, from the  
15 specific social worker that I think is, is managing  
16 the case management of services, and things like  
17 that.

18 And so there's -- within this  
19 recommendation, I think there is a report from, I  
20 want to say, three or four individuals that are kind  
21 of engaged in, in helping this child.

22 And I recall inconsistency in receiving --  
23 so, so individually those reports then come together  
24 to kind of create, um -- I don't want to use the  
25 word profile, but they come together to create one



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1 kind of data point for the child, based on these  
2 different perspectives.

3 If I recall, we didn't have enough data to  
4 be able to really kind of understand and make a  
5 conclusion.

6 Q What specifically -- what data did you  
7 need to be able to draw those conclusions around  
8 implementation of wraparound?

9 A So we needed those -- we needed, we needed  
10 -- there's a technical word I'm not recalling at the  
11 moment. But it's, again, as the wraparound  
12 intervention, there is a specific -- there's  
13 guidance around who is meant to submit the data, how  
14 frequently. That just didn't happen with fidelity,  
15 I guess, to what is recommended when you're  
16 implementing wraparound services.

17 Q Did you not receive data from parents?

18 A I don't remember specifically, but I  
19 believe we did not.

20 Q Did you not receive data from service  
21 providers in the GNETS facilities?

22 MS. JOHNSON: Objection.

23 A I don't remember specifically, but I know  
24 all of these pieces coming together didn't quite  
25 include all of the perspectives.

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1           So I don't remember specifically with each  
2 child in each case, whether the parent was missing  
3 or whether the social worker was missing. But  
4 across the cases, yes, parents were missing, social  
5 workers were missing.

6           Q     Do you recall what efforts the Center of  
7 Excellence made to contact the parents of students  
8 enrolled in the South Metro GNETS facility?

9           A     So, again, if I'm recalling the scope, we  
10 -- I don't believe the project was designed to where  
11 we were -- we were engaged in primary data  
12 collection.

13                So what you just said is primary data  
14 collection. I am reaching out to someone to receive  
15 the data.

16                I believe my recollection of this project  
17 is our role was in secondary data collection, which  
18 means I am not -- I am not receiving the data; the  
19 data is being forwarded to me.

20           Q     Understood. Understand. Go ahead.

21           A     So for that purpose then, I -- we -- if I  
22 recall the project and the scope, we, we were not  
23 reaching out to the students. We were not reaching  
24 out directly to the parents.

25                That coordination was happening at that

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1 project level, and we were just receiving the data.

2 Q Was Derrick Gilchrist providing that data  
3 as the primary data collector, to use your words?

4 A Yes. I don't think it was him  
5 specifically, but, yes, he was the main point of  
6 contact, who was then coordinating that data being  
7 compiled and sent to us, yes.

8 Q And did the COE share its concerns about  
9 the inadequacy of the data collected with Derrick  
10 Gilchrist before sending its final report?

11 MS. JOHNSON: Objection.

12 A I didn't say inaccuracy of data. I just  
13 said that there wasn't enough data. I can't speak  
14 to the accuracy.

15 Q To be clear, I was asking about -- I said  
16 inadequacy, not inaccuracy.

17 A Oh, I'm sorry.

18 Q That's okay.

19 A I misheard you.

20 Q That's fine.

21 A Can you restate the question?

22 Q Sure. Did the Center of Excellence reach  
23 out to Derrick Gilchrist about its concerns  
24 regarding the adequacy of the data collected before  
25 submitting the final draft report to Mr. Gilchrist?

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1 A Yes.

2 Q Okay. And what did you hear back from  
3 Derrick Gilchrist?

4 A So I think that's where -- if I'm  
5 recalling the timeline correctly, we had maybe one,  
6 two -- we had a few exchanges where we were  
7 expressing, you know -- where we were expressing  
8 that we were feeling like we didn't have enough  
9 data, and we did that through verbal exchanges, and  
10 he very much attempted to, you know, to connect with  
11 his project staff to collect it, to compile it.

12 If I recall, I know one of the delays in,  
13 in kind of getting that -- even kind of  
14 communicating it out and then getting a little bit  
15 of data, I believe one of the delays was he had a  
16 death on his team, and I do believe that that person  
17 was directly involved with this project. And I  
18 think an untimely death, so.

19 I think that for sure challenged the  
20 situation.

21 Q Who participated in these conversations  
22 around the adequacy of the data in connection with  
23 this project?

24 A Susan McLaren and myself. From the COE  
25 side.

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1 Q Okay. And who participated from South  
2 Metro, aside from Derrick Gilchrist?

3 A So I cannot recall the specific names.  
4 Because, again, I just came on in the last three  
5 months of the project.

6 So I don't recall the specific team  
7 members. My main point of contact was Derrick  
8 Gilchrist.

9 Q There were other members of his staff on  
10 that call?

11 A Yes.

12 Q You just don't recall who they were?

13 A Correct.

14 MR. HOLKINS: I just want to put you on a  
15 marker that we are going to request a copy of  
16 the report that was sent to Derrick Gilchrist.

17 Q In 2019?

18 A I believe.

19 Q You believe.

20 MR. HOLKINS: We can follow up on that as  
21 responsive to the United States' existing  
22 document requests.

23 BY MR. HOLKINS:

24 Q So let's step aside from this report.  
25 What are your ongoing responsibilities in

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1 your official capacity at the Center of Excellence  
2 with respect to the GNETS program?

3 MS. JOHNSON: Objection.

4 You can answer.

5 A There is none.

6 Q I'm sorry?

7 A I don't have any ongoing responsibilities.  
8 That project ended, and -- the GNETS project ended,  
9 and I have not had any further contact with that  
10 project with Derrick.

11 Q Have you had any contact since this  
12 project with South Metro GNETS facility with any  
13 GNETS program?

14 MS. JOHNSON: Objection.

15 You can answer.

16 A Not to my knowledge.

17 Q What is your understanding of the  
18 behavioral health services that are available for  
19 students who are enrolled in GNETS?

20 MS. JOHNSON: Objection.

21 A Can you repeat the question?

22 Q What behavioral health services are  
23 available to students enrolled in GNETS?

24 MS. JOHNSON: Same objection.

25 A I can, I can only speak to my knowledge of

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1 what was to be included in the GNETS project, which  
2 is wraparound services, wraparound supports.

3 I can't speak to what else is being  
4 offered in GNETS facilities.

5 Q Do you meet with anyone at OCYF regarding  
6 GNETS on a regular basis?

7 A No.

8 MS. JOHNSON: Objection.

9 Q Do you know Nakeba Rahming, R-A-H-M-I-N-G.  
10 Nakeba Rahming, do you know her?

11 A No. No.

12 Q Just a little bit louder for the record.

13 A Sorry.

14 Q Do you know Debbie Gay?

15 A I believe that's the name I was trying to  
16 remember. Maybe Debbie Gay. Was she with DOE?

17 Q I can't answer your questions.

18 A Oh.

19 Q Is it your understanding Ms. Gay worked  
20 for the Department of Education?

21 A I'm not sure. I know it's a name I have  
22 -- so I -- I've not met this person but I've seen  
23 this name. I'm not sure. I just -- I know I've  
24 seen this name before and I've heard of it before.  
25 I don't want to misspeak in placing her because I'm

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1 not sure.

2 Q Do you know Clara Keith?

3 A I have not heard of that name before.

4 Q Have you heard of the name Zelphine  
5 Smith-Dixon?

6 A No.

7 Q And just to confirm your prior testimony,  
8 you've never visited a GNETS facility; is that  
9 accurate?

10 A Correct.

11 Q Have you ever provided training or  
12 technical assistance to staff at GNETS facilities?

13 MS. JOHNSON: Objection.

14 A I personally have not.

15 Q Do you know if anyone at the Center of  
16 Excellence has provided training to staff at any  
17 GNETS facility?

18 MS. JOHNSON: Objection.

19 A I do not know.

20 Q Just give me one second. I apologize for  
21 the delay.

22 A No problem.

23 (WHEREUPON, Plaintiff's Exhibit-29 was  
24 marked for identification.)  
25



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1 BY MR. HOLKINS:

2 Q Ms. Desai, you've just been handed what  
3 was previously marked as Exhibit 29. Please take a  
4 moment to familiarize yourself with the document and  
5 let me know when you're finished.

6 There's no need to read every line.

7 MR. HOLKINS: For the record, this is  
8 GA00581815.

9 (Witness reviews exhibits.)

10 Q So I'll note this is an email chain  
11 between Dante McKay and Nakeba Rahming, from 2016.

12 This was before you joined the Center of  
13 Excellence, correct?

14 A Yes.

15 Q Okay. Jana Aldrich Pruett, that is an  
16 individual who still works at the Center of  
17 Excellence, correct?

18 A No.

19 Q Okay.

20 A She has moved on.

21 Q When did she leave the Center of  
22 Excellence?

23 A 2021.

24 Q Did Ms. Pruett have responsibilities with  
25 respect to the Apex program?

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1 A She did.

2 Q And was that the case in 2020, in 2021,  
3 before she left?

4 A Yes, but significantly less in, in scope.

5 Q So as you'll see from Nakeba Rahming's  
6 initial email to Dante -- and this is on Page 2 at  
7 the bottom. This is the email dated May 26, 2016.

8 Do you see where I am?

9 A Yes.

10 Q Nakeba Rahming reaches out to Dante to let  
11 him know that "I am working on a trauma informed  
12 care service delivery models for GNETS. I wanted to  
13 know if DBHDD has been doing any work in this area  
14 and if so can we collaborate on things related to  
15 it."

16 Do you see that text?

17 A I do.

18 Q Back on Page 1, Nakeba Rahming, in  
19 response to Dante's email, writes on May 26, 2016:  
20 "I will reach out the folks at Georgia Center of  
21 Excellence because I see the trauma informed care  
22 listed in that section."

23 Do you see that text?

24 A I do.

25 Q Are you aware of any contact between

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1    Nakeba Rahming and employees of the Center of  
2    Excellence regarding implementing a trauma informed  
3    mechanism at GNETS?

4           A       I am not.

5           Q       And to the best of your knowledge, is the  
6    Center of Excellence currently providing any  
7    assistance to GNETS facilities in implementing a  
8    trauma informed care service delivery model?

9                   MS. JOHNSON:  Objection.

10          A       Not to my knowledge.

11          Q       I know that you have explained that you --  
12   excuse me.

13                 I know you have testified previously you  
14   have not visited any GNETS facilities.  I'm curious  
15   whether that's also true for the staff you directly  
16   supervise in the Center of Excellence?

17          A       To my knowledge, no.

18          Q       To your knowledge, has Susan McLaren ever  
19   visited a GNETS facility?

20          A       To my knowledge, no.  But I don't know  
21   because I wasn't around when the GNETS project was  
22   initiated.  So as part of that project, I'm not sure  
23   if they met -- I don't know.  Yeah.

24          Q       As part of your duties at the Center of  
25   Excellence, do you regularly receive data or

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1 documents showing referrals to the GNETS program?

2 MS. JOHNSON: Objection.

3 A Can you repeat the question?

4 Q In the course of your regular duties at  
5 the Center of Excellence, do you review any data or  
6 documentation showing the number of referrals to  
7 GNETS?

8 A No.

9 MS. JOHNSON: Objection.

10 Q Do you review as part of your regular  
11 duties at the COE any data or documentation showing  
12 length of placement for students enrolled in GNETS?

13 MS. JOHNSON: Objection.

14 A No.

15 Q As part of your regular duties at the  
16 Center of Excellence, do you review any data or  
17 documentation showing the availability of behavioral  
18 health services to students enrolled in GNETS?

19 MS. JOHNSON: Objection.

20 A Can you repeat the question?

21 Q As part of your regular duties at the  
22 Center of Excellence, do you review any data or  
23 documentation with respect to the availability of  
24 behavioral health services to students enrolled in  
25 GNETS?

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1 MS. JOHNSON: Objection.

2 A Not to my knowledge.

3 Q In your regular duties at the Center of  
4 Excellence, do you review any data or documentation  
5 showing utilization of behavioral health services by  
6 children enrolled in GNETS?

7 MS. JOHNSON: Objection.

8 A Not to my knowledge.

9 Q In your regular duties at the Center of  
10 Excellence, do you review any data or documentation  
11 showing staffing levels at GNETS facilities?

12 MS. JOHNSON: Objection.

13 A Not to my knowledge.

14 Not to my knowledge.

15 Q Thank you very much.

16 In your regular duties at the Center of  
17 Excellence, do you review any data or documentation  
18 with respect to coordination between GNETS programs  
19 and community service providers in the State of  
20 Georgia?

21 MS. JOHNSON: Objection.

22 A No, not on a regular basis. No.

23 Q Ever?

24 A I, I -- I have -- so I have, I have  
25 recollection of -- sitting here today I can recall

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1 one time where we were unsure the placement of a  
2 student, and that was because in the way that we  
3 receive our reporting, it's at a school level, and  
4 if I recall, I believe at that time the name of a  
5 school had been typed in, likely because that  
6 provider was submitting a report for the first time  
7 at that school. Otherwise, our school list is  
8 pre-populated. And there was some discrepancy in  
9 the way the name was entered.

10 And so there was confusion on what school  
11 was meant to be reported, and it was between -- it  
12 was a possibility of A and B, and we just weren't  
13 sure.

14 And so I believe, and this was some time  
15 ago, but I believe we, we, you know, kind of picked  
16 up on, on that. And so attempted to work with the  
17 provider to identify, okay, which school did you  
18 mean to report. And, and -- and so I believe that  
19 that is the one call at this moment that I'm  
20 recalling that we worked with the CSB to kind of  
21 identify exactly what the situation was.

22 Q Okay. What Community Service Board was  
23 that?

24 A If I recall, I believe it was Serenity  
25 Behavioral Health Services, I think is the name.

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1 Q I know I asked you about whether you  
2 regularly review a variety of data with respect to  
3 GNETS. I'm going to go through these questions  
4 again, and I'll try to do this quickly, and ask  
5 whether as part of your duties at the Center of  
6 Excellence you ever review data or documentation  
7 with respect to enrollment in GNETS?

8 MS. JOHNSON: Objection.

9 A No, not to my knowledge.

10 Q Do you ever review data showing length of  
11 placement for students enrolled in GNETS?

12 MS. JOHNSON: Objection.

13 A No. Not to my knowledge.

14 Q Do you ever review data showing the  
15 availability of behavioral health services to  
16 students enrolled in GNETS?

17 MS. JOHNSON: Objection.

18 A No, not to my knowledge.

19 Q Do you ever review data or documentation  
20 with respect to the utilization of behavioral health  
21 services by students enrolled in GNETS?

22 MS. JOHNSON: Objection.

23 A No.

24 Q Do you ever review data with respect to  
25 transition planning for students who are exiting the

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1 GNETS program?

2 MS. JOHNSON: Objection.

3 A No.

4 MS. COHEN: Repeat that.

5 MS. JOHNSON: No.

6 MS. COHEN: You're shaking your head  
7 rather than saying the word out loud. So I  
8 just wanted to make sure.

9 I was worried it would get swallowed up  
10 with Melanie's objections.

11 Wanda is very experienced, so I'm sure she  
12 took it down, but I just wanted to make sure  
13 the word came out.

14 MR. HOLKINS: Thanks, Frannie.

15 BY MR. HOLKINS:

16 Q What role, if any, does the Center of  
17 Excellence play in monitoring coordination between  
18 community service providers and GNETS programs?

19 MS. JOHNSON: Objection.

20 A Not any, to my knowledge.

21 Q Does the Center of Excellence conduct any  
22 analysis of gaps in behavioral health services that  
23 may have contributed to children being placed in  
24 GNETS?

25 A Not --



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1 MS. JOHNSON: Objection.

2 A -- to my knowledge.

3 Q Have you made any written recommendations  
4 relating to mental health services available in  
5 GNETS, aside from the report that we discussed with  
6 respect to the South Metro GNETS program?

7 MS. JOHNSON: Objection.

8 A Not to my knowledge, no.

9 MR. HOLKINS: So I think this is a good  
10 time for our lunch break, and I think we can  
11 take an hour, starting around now, until 10  
12 after 1:00.

13 Is that okay?

14 MS. JOHNSON: Yeah.

15 MR. HOLKINS: Let me just quickly check  
16 with Fran to see if she has any questions  
17 before we go off the record.

18 MS. COHEN: No, I don't.

19 MR. HOLKINS: Let's take our lunch break  
20 now.

21 THE VIDEOGRAPHER: We're off the record at  
22 12:09 p.m.

23 (A recess was taken.)

24 THE VIDEOGRAPHER: We're back on the  
25 record at 1:11 p.m.

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1 BY MR. HOLKINS:

2 Q Welcome back, Ms. Desai.

3 A Thank you.

4 Q I'd like to ask you some questions about  
5 the Apex program, which is something we already  
6 talked about today.

7 What is the Georgia Apex program?

8 A The Georgia Apex program is a school-based  
9 mental health initiative funded by the Department of  
10 Behavioral Health and Developmental Disabilities.

11 It partners with community-based providers  
12 across the State to place a therapist in schools and  
13 deliver therapeutic support.

14 Q And when you say community-based partners,  
15 are you referring specifically to community service  
16 boards?

17 A Community-based partners is inclusive of  
18 Community Service Boards, as well as the -- I  
19 believe I'm saying this right -- the non-CSB Tier 2  
20 providers, in the way that DBHDD organizes their  
21 safety network.

22 Q What's your understanding of why the Apex  
23 program was created?

24 A So it precedes me, but I have been told  
25 that it was -- it was kind of the passion project of

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1 a previous OCYF director, that is no longer with the  
2 department anymore.

3 And that individual was I believe a  
4 therapist in -- working with schools in a previous  
5 job, and at the time, in 2015, there was a little  
6 bit of, I believe, some funding that maybe perhaps  
7 had not been earmarked. So he shared the idea of  
8 developing a program that could place providers and  
9 therapists to deliver, to deliver services,  
10 acknowledging what we know in terms of access to  
11 individuals receiving and -- you know, secured  
12 services.

13 Q You said -- I just want to make sure I  
14 understand. You testified acknowledging what we  
15 know in terms of access to services? Is that right?

16 A Yes.

17 Q What do you mean --

18 A Correct.

19 Q What do you mean by "what we know"?

20 A So when I say what we know, I'm referring  
21 to some of what's in the research base as well as  
22 the literature which you, which you seek to  
23 understand why some kids are not able to secure the  
24 services that they need.

25 Transportation is a big barrier to

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1 accessing services. So the fact that a therapist is  
2 placed directly in the school, a natural environment  
3 where the child spends so much of their time,  
4 acknowledges the challenge of accessing services.

5 MS. COHEN: I'm sorry. Did you say  
6 research base or research space?

7 THE WITNESS: Research base.

8 A Research base, the literature -- you know,  
9 the body of literature in terms of what are some  
10 access to securing services.

11 Q You mentioned transportation as a  
12 particular obstacle to accessing service. Are there  
13 others?

14 A Yes. Others, in addition to  
15 transportation, is, you know, caregivers are  
16 employed often and don't have -- some times the  
17 flexibility to continue to take time off work, step  
18 away from their jobs and their roles to take a child  
19 to therapeutic, you know -- to take a child to see a  
20 therapist.

21 So that also is a barrier.

22 Q Are there any other barriers that come to  
23 mind?

24 A Sometimes there's just -- sometimes  
25 another barrier is simply identification of a need.

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1 You know, oftentimes you feel like something is off  
2 but you're not quite sure and you need someone that  
3 has some credentials to maybe do an assessment to  
4 understand if a kid is in need of behavioral health  
5 services and supports.

6 So that can be an access, too, being able  
7 to connect with the right professional to be able to  
8 do that. So that's another barrier.

9 Q Okay. I believe you stated that Apex is  
10 funded by DBHDD; is that correct?

11 A Correct.

12 Q Is that using state general funds?

13 A So currently Apex is funded through -- let  
14 me make sure I get this language right.

15 But it's a single -- it's a single -- it's  
16 a single -- so DBHDD is a sole funder, but the  
17 funding streams, there's three funding streams, if  
18 you will. And the way we refer to it is base  
19 funding, and then there's, there's two other kind of  
20 streams, one that was invested by Governor Deal, and  
21 a third that was by Governor Kemp.

22 Q Okay. So let's just go through those one  
23 by one.

24 The base funding that you just described,  
25 was that the initial funding made available for the

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1 Apex program?

2 A Correct.

3 Q Is that state general funds?

4 A I believe so.

5 Q And then the second funding source you  
6 described in connection with Governor Deal, is that  
7 state general funds?

8 A I believe so.

9 Q And then the third funding source you  
10 described in connection with Governor Kemp, is that  
11 also state general funds?

12 A I believe so.

13 Q In the documents you'll see references to  
14 Apex 1.0, Apex 2.0.

15 Could you help me understand what that  
16 means?

17 A Apex 1.0 is based funding, so that's the  
18 first item that I mentioned.

19 2.0 is Governor Deal's investment.

20 Q And is 3.0 Kemp?

21 A Governor Kemp, correct.

22 Q Is it your understanding that DBHDD has  
23 direct responsibility over the Apex program?

24 A Yes.

25 Q And within DBHDD, OCYF is the component?

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1 A Correct.

2 Q Is it accurate that the Center of  
3 Excellence, the Center of Excellence's role with  
4 respect to the Apex program is described in the  
5 contract between COE and DBHDD?

6 A Yes.

7 Q To your knowledge, are there entities  
8 outside of DBHDD and COE that have responsibilities  
9 relating to Apex?

10 A I would say those that are funded. Of the  
11 CSBs and the -- you know, they have some  
12 responsibility as well to the program.

13 Q So the providers --

14 A Correct.

15 Q -- that are enrolled in Apex have  
16 responsibilities?

17 A Correct.

18 Q Do schools likewise have responsibilities  
19 under Apex?

20 A The way the funding is kind of deployed,  
21 if you will, it is DBHDD directly funding the  
22 community service providers to go forward -- to go  
23 into their communities and, you know, identify  
24 schools to implement programming within.

25 So when I think about the program sort of

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1 organized in that way, I don't necessarily include  
2 schools in that.

3 Q So just to make sure I understand your  
4 testimony, do schools have responsibilities directly  
5 to DBHDD in connection with the Apex program?

6 A No.

7 Q Are there specific eligibility criteria  
8 for youth to be able to receive Apex services?

9 A So, you know, providers identify schools  
10 that they are going to partner with to implement  
11 Apex services. So I guess the first eligibility is  
12 a student needs to reside in one of the schools that  
13 they're implementing Apex in.

14 And then once a provider is in the school  
15 in terms of eligibility, you know, it's going to be  
16 based on demonstrated need. Some students need  
17 lesser levels of support and some need higher level  
18 of support.

19 Q And just to loop back to something you  
20 said, if I understand your testimony correctly, if a  
21 child is not residing in an area where Apex has been  
22 implemented, they're not eligible to receive the  
23 service; is that accurate?

24 A Not with -- not -- so that's accurate.

25 Not with Apex services that are being



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1 implemented in schools, correct.

2 Q So they could receive services outside of  
3 Apex?

4 A Right. So -- right, right. Yeah.  
5 Because the Community Service Boards that are  
6 funded, they are, they are -- they're independent  
7 clinical agencies, right. So they have their agency  
8 site. It's the therapist that's being collocated,  
9 if you will, in a school setting.

10 So, right.

11 Q You mentioned Apex entailing collocation  
12 of a therapist in a school setting, correct?

13 A Uh-hum. (Affirmative.)

14 Q Are there other clinical staff that are  
15 collocated in school settings through the Apex  
16 program?

17 A So each, each provider really kind of, I  
18 would say, organizes that, you know, based on the  
19 staff that they have, based on acuity of need.

20 So what I mean is if it's a really high  
21 needs school, then it's not unusual for a provider  
22 to identify a licensed therapist to be dedicated to  
23 a school, and then perhaps like a community support  
24 individual, like a CS-I worker.

25 And so that person may not necessarily be

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1 providing that intensive individual therapy but  
2 might be acting as, you know, case management or,  
3 you know, connecting the student with other services  
4 and supports that are needed.

5 Q Okay. And so I understand from your  
6 response that in addition to therapists, Community  
7 Support - Individual, that staff category can be  
8 collocated through the Apex program?

9 A Can be. As well as certified peer support  
10 as well can, can also be included in the Apex  
11 program.

12 Q So you referred to a really high needs  
13 school in your testimony. What distinguishes a high  
14 needs school versus another school?

15 A So high need would be, you know, having,  
16 having a large population of students needing that  
17 more targeted -- needing more individual support,  
18 individual therapy.

19 So the way we kind of think about it, and  
20 again this is grounded in literature and, you know,  
21 in sort of the research precedent that's, that's in  
22 the space, is that services and supports can be  
23 provided across three tiers, and the bottom rung of  
24 a triangle, if you can imagine it, is the, is Tier  
25 1, and that is when you're in a school implementing

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1 an activity or, you know, curricula that's meant to  
2 benefit whole school. It's meant to benefit  
3 everyone in the entire school. And if you have some  
4 kids that need just a little bit more kind of  
5 support, then sometimes, you know, some needs can be  
6 met at that level.

7 So, let's say, a school decides to  
8 implement some specific SEL curricula,  
9 social/emotional learning curriculum, then that  
10 might acknowledge some needs for some students.

11 I think best practice says that that might  
12 acknowledge -- I want to say it's like 80 percent of  
13 the kids in a school might be -- their needs might  
14 be addressed by something that is a universal  
15 provision.

16 And you've got the second tier where you  
17 have a smaller group of kids that need a little bit  
18 more support. They need some connection but they  
19 don't need me one-on-one. They need maybe some  
20 group format. That's when you think about like  
21 group work.

22 So our providers go into schools and they  
23 support doing groups. So maybe it's on a topic  
24 that's relevant for the community there, school  
25 community, larger community, bullying, suicide.

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1           They likely may partner with a counselor  
2   in the school or another social worker and they  
3   might do something like that together. That then  
4   addresses, you know, provides a higher need than  
5   what's provided in Tier 1, to a smaller group of  
6   kids.

7           Then at that very top tier, which is Tier  
8   3, that's when you're doing that one-on-one  
9   intensive intervention therapy. So, you know, we  
10   think three to five percent of kids need that type  
11   of level of support.

12           Now, having organized it in that way,  
13   there are some schools that have a very high need  
14   for Tier 3 supports, and so that I think is also  
15   taken consideration.

16           Q     Thank you.

17           I had asked you about eligibility criteria  
18   for Apex. I just want to take a really quick detour  
19   and ask you whether you're familiar with eligibility  
20   criteria for the GNETS program?

21           A     I am not.

22           Q     Do you know if children or adolescents can  
23   be excluded from eligibility for the Apex program on  
24   the basis of their diagnosis?

25           A     No.

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1 Q They cannot? Or you just don't know? I'm  
2 sorry.

3 A Yeah, I -- I mean I'm -- I don't know and  
4 I'm trying to think of a scenario. Like -- and I'm  
5 trying to think of a scenario that if a student had  
6 X diagnosis, would a therapist say, no, I can't see  
7 you.

8 I'm not aware. I mean I know that, you  
9 know, the therapist is there to provide that direct  
10 interaction, and if there is a situation that  
11 presents itself that they feel, for whatever reason,  
12 they cannot offer the appropriate support, then --  
13 you know, again, they come from an agency that has a  
14 lot of other therapists, right.

15 So it's -- the infrastructure of the  
16 program is nice in that if that individual therapist  
17 in that specific school cannot meet the needs, they  
18 have access to other resources within their like, I  
19 don't know, host -- I don't want to say host agency,  
20 but like the agency they come from.

21 Q Let me ask it this way: Are there any  
22 categorical exclusions from Apex eligibility based  
23 on diagnosis?

24 A I --

25 Q I'm sorry. I just want to reask that

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1 because I want to make it a little bit more  
2 specific.

3 Are there any categorical exclusions from  
4 Apex eligibility based on behavioral health  
5 diagnosis?

6 A I'm pausing because I'm not sure where  
7 autism fits in. I'm not, I'm not sure. Like I'm  
8 not -- I'm not remembering if, if that diagnosis --  
9 I'm not saying that it would preclude them, but if  
10 additional supports and services might need to be  
11 supplemented. I'm not recalling right now.

12 Q What additional services and supports  
13 beyond what's available through Apex would be  
14 necessary to meet the needs of a child with autism?

15 A Well, I think supplementing with some  
16 additional learning supports and services might be  
17 necessary behind -- beyond like behavioral health.  
18 Like supports for their learning, growth in their  
19 learning.

20 Like, uh -- what I'm trying to say. Like,  
21 like -- I don't know, like occupational therapy.  
22 That's what I mean. Additional services that might  
23 support, you know, increasing their ability to learn  
24 and things like that.

25 Q Thank you for that information.

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1 Is there any written policy relating to  
2 Apex, a categorical exclusion for eligibility from  
3 Apex based on autism?

4 A Not to my knowledge.

5 Q Is there in any written document that  
6 you've seen relating to the Apex program any  
7 categorical exclusion for eligibility for Apex based  
8 on any behavioral diagnosis?

9 A Not to my knowledge.

10 Q Are children who have behavioral health  
11 conditions and a history of aggression categorically  
12 excluded from participating in Apex services?

13 A Not to my knowledge.

14 Q Are children with behavioral health  
15 conditions who have a history of out-of-home  
16 placements categorically excluded from receiving  
17 Apex services?

18 A Not to my knowledge.

19 MS. JOHNSON: Objection.

20 This line of questioning is asked and  
21 answered.

22 But you can answer.

23 MR. HOLKINS: So this question is with  
24 respect to out-of-home placements, which I  
25 don't think is something I asked about before,

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1 and I'll just reask it so that it's clear for  
2 the record.

3 BY MR. HOLKINS:

4 Q Are children with behavioral health  
5 conditions who have a history of out-of-home  
6 placements categorically excluded from participating  
7 in any Apex services?

8 A Not to my knowledge.

9 Q Does DBHDD allow Apex providers to serve  
10 students enrolled in GNETS?

11 MS. JOHNSON: Objection.

12 A I can only speak from the policy that they  
13 have, you know, released and shared with providers,  
14 and that is that Apex, Apex providers do not  
15 implement programming in GNETS standalone  
16 facilities.

17 Q Do you know the reason for that policy?

18 A I, I can presume to know. I don't know  
19 for sure but I can --

20 Q What is your understanding?

21 A Um, so my understanding is the level of  
22 care and the services and supports that a student  
23 needs -- you know, the fact that you are in a GNETS  
24 setting indicates that you are needing higher level  
25 of supports and services.



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1 And I -- it's my understanding that, you  
2 know, what an Apex provider -- they're in need of  
3 something more than what an Apex provider can  
4 support. They have higher levels of needs. And so  
5 I think -- I think that's -- I mean I think that is  
6 some of it --

7 Q What is the --

8 A -- to my understanding.

9 Q -- for your belief that children enrolled  
10 in GNETS have higher needs than Apex providers are  
11 able to meet?

12 MS. JOHNSON: Objection.

13 You can answer.

14 A My understanding of GNETS -- my  
15 understanding of a child moving from their general  
16 education is that -- general education setting, my  
17 understanding is that, you know, all supports and  
18 accommodations have, have been made and the child is  
19 still needing more.

20 So my understanding of how a student finds  
21 themselves in a GNETS environment is that what can  
22 be provided in their kind of homeschool has not  
23 adequately met their needs and they're needing more.  
24 So now they're in a GNETS facilities so that more  
25 can be provided.

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1 Q Do you track whether children who are  
2 enrolled in GNETS receive Apex services before  
3 enrolling in GNETS?

4 A Ask me that one more time.

5 Q I'll read it back.

6 Do you track whether children who are  
7 enrolled in GNETS receive Apex services before they  
8 enroll in GNETS?

9 A So we -- so Apex providers -- it is  
10 possible for Apex providers to be providing services  
11 to a student who either came from GNETS and they're  
12 in their home. So we call it homeschool, like in  
13 that situation.

14 So is it possible that a student was  
15 previously in a GNETS environment and now is -- has  
16 returned to their homeschool and now their name is  
17 coming up on a referral for services and then they  
18 go on to be seen? Yes, that's possible.

19 Is it possible that a student is receiving  
20 services in a homeschool and then has a need for a  
21 greater level of care and is then transitioned to a  
22 GNETS environment? That child would continue to be  
23 seen.

24 Q So I'm not asking you what's possible.  
25 I'm asking you whether, as a matter of course, the

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1 Center of Excellence tracks whether children who are  
2 enrolled in GNETS received Apex services before they  
3 enrolled in GNETS?

4 A That, that -- we do not have a -- we don't  
5 currently have a question that would directly tell  
6 us if a child -- we do not have that question.

7 Q So the answer is -- I'm sorry. Go ahead.

8 A The answer is no.

9 Q The answer is no?

10 A We do not have that.

11 Q Okay. Have you discussed adding that  
12 question to your tracking materials?

13 A I don't believe we have.

14 And I'm just -- so we don't have uniquely  
15 that question, "Did you come from a GNETS school?"

16 We do have questions of like referral,  
17 right, and then we have -- we have an Other  
18 category, where text entry can, can let us know.  
19 But we do not have a unique question --

20 Q Right.

21 A -- that asks that.

22 Q And just to be clear, the question that  
23 I'm asking about whether you have, is whether  
24 children, prior to enrolling in GNETS, received Apex  
25 services, and I believe your testimony is you do not

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1 have a field specifically for that question; is that  
2 correct?

3 A Correct.

4 Q And you have not discussed developing that  
5 precise field; is that correct?

6 A Not to my recollection.

7 Q Okay. I want to return to the question of  
8 the basis of your understanding that children  
9 enrolled in GNETS had needs that cannot be met in  
10 Apex.

11 Can you try again to explain what informs  
12 your opinion that children who are in GNETS cannot  
13 be served by Apex?

14 A In my opinion, the, the level of -- I  
15 think the level of need that, that I think I guess  
16 took them out of their homeschool and then put them  
17 in a GNETS facility, I think the intensive --  
18 greater intensive support that's needed is, is I  
19 think more than what an Apex therapist in the school  
20 to support across Tiers 1, 2, and 3 can accommodate.

21 Q I understand your opinion, but I'm asking  
22 what informs it? Have you reviewed data, documents?  
23 Anything that would substantiate the opinion that  
24 you've just expressed?

25 A I, I -- no, I don't think there's data or

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1 documents. I think it's based on my knowledge of --  
2 my little knowledge that I had about GNETS coming  
3 into the project, the three-month tenure that I had,  
4 understanding the intervention that was being  
5 implemented there, again wraparound.

6 Wraparound is a very intensive  
7 intervention. Our therapist -- so wraparound is a  
8 very intensive intervention, and I -- and the  
9 identification of why wraparound would be an  
10 appropriate intervention for that project in GNETS  
11 setting is what is kind of -- and that was based on  
12 literature. That was based on research, is what's  
13 forming my opinion that, that environment is needing  
14 greater intensive intervention than what an Apex  
15 provider is, is able to provide in a school setting.

16 Q So just to be clear, the basis for your  
17 opinion that children enrolled in GNETS have higher  
18 needs that can be met in Apex is that three-month  
19 project you did with South Metro GNETS; is that  
20 correct?

21 A More or less, yes.

22 Q And that's the same project we discussed  
23 earlier, where you shared -- they were not able to  
24 reach any conclusions because the data was  
25 inadequate, correct?

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1 A Correct.

2 Q Okay.

3 Do you know whether Tier 1, 2, and 3  
4 services are available in GNETS facilities?

5 MS. JOHNSON: Objection.

6 A I don't know.

7 Q I have an exhibit that I would like to  
8 share via Zoom. If you give me one second, I'll  
9 pull it up.

10 Can you see a document on your screen, Ms.  
11 Desai?

12 A Yes.

13 MR. HOLKINS: I'll note for the record  
14 this document was produced by the State of  
15 Georgia to the United States.

16 It's Bates stamped GA00789946.

17 I'd like to introduce this as Exhibit 46.

18 (WHEREUPON, Plaintiff's Exhibit-46 was  
19 marked for identification.)

20 BY MR. HOLKINS:

21 Q At the top of this document, on the first  
22 page is the heading "Georgia Network for Educational  
23 and Therapeutic Supports, GNETS, FY18 Grant  
24 Application."

25 And at the very top there's a logo for the

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1 Georgia Department of Education, and you'll see, Ms.  
2 Desai, that the applying entity here is Elam  
3 Alexander Academy.

4 Have you ever heard of that facility?

5 A I have not.

6 Q I'd like to direct you to Page 12 of this  
7 document, which should now, if you're on your  
8 screen -- do you see Page 12?

9 A I do.

10 Q So this document describes Elam  
11 Alexander's representation about Tier 1 services  
12 that are being provided in its facility.

13 Do you see the text I'm referring to  
14 generally?

15 A I do.

16 Q I'd like to scroll now to Page 13, which  
17 describes Elam Alexander's representation as to the  
18 Tier 2 services that it provides in its facility.

19 Do you see that?

20 A I do.

21 Q Scrolling down to Page 14, do you see the  
22 text describing Elam Alexander's representation of  
23 the Tier 3 services provided in its facility?

24 A I do.

25 Q Does it surprise you to see that based on

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1 Elam Alexander's representation services across all  
2 three tiers are offered in its facility?

3 A No.

4 Q It doesn't surprise you?

5 A No, because in my understanding of the way  
6 in which schools identify levels of support, some of  
7 it does look very similar to the school-based mental  
8 health model that I'm referring to.

9 The language, some of the language is very  
10 consistent, Tier 1, Tier 2, Tier 3. I think even  
11 PBIS has a triangle, and some of that is very  
12 consistent as well.

13 So I'm not surprised. I think, you know,  
14 I think -- I think some -- I think there's some  
15 nuances to it, but generally there's, there's a lot  
16 of similarity.

17 Q Okay. And I just want to zoom in on one  
18 particular tier of service, which is Tier 1. I've  
19 gone back to Page 12.

20 Do you see where I am?

21 A Yes, yes.

22 Q The top of the page?

23 A Yes.

24 Q Could you review the description of Tier 1  
25 services on this page, and then let me know when



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1 you've finished.

2 A So you want me to read all of what's  
3 listed under Tier 1 services?

4 Q Let me tell you why I'm asking you to read  
5 it. That may be a good place to start.

6 I want to ask you about whether this  
7 differs at all from the Tier 1 services you would  
8 expect to see provided through Apex?

9 MS. JOHNSON: Do you mean each of the  
10 categories, like PBIS, Mental Health, Second  
11 Step? Is that all what you're considering Tier  
12 1?

13 MR. HOLKINS: Yes.

14 BY MR. HOLKINS:

15 Q These are -- basically everything that you  
16 see until the box labeled Tier 2 is the  
17 representation made by Elam Alexander of the Tier 1  
18 services that are being provided in its facility.

19 So I just ask you read that material,  
20 recognizing this may take a minute or two, and I  
21 don't want to rush you, and just let me know where,  
22 if anywhere, this diverges from what you would  
23 expect to be provided in Tier 1 through Apex.

24 (Witness reviews exhibit.)

25 A Okay.

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1 Q I'm sorry, I didn't realize you were  
2 finished.

3 A That's okay.

4 Q So let me just reask the question.

5 Do the Tier 1 services described on Pages  
6 12 and 13 of this document, Exhibit 46, differ from  
7 what you would expect to see offered through Apex?

8 A So, yes. So let me explain why.

9 So when I think about -- when I think  
10 about our school-based framework and the triangle,  
11 Tier 1, Tier 1 is, again, something that is meant  
12 for whole school benefit, and Tier 1 is something  
13 that our Apex therapists would be supporting.

14 So Tier 1 -- if I can say like in layman  
15 terms, the onus of Tier 1 is really kind of on the  
16 school and, and the school staff. So what I mean is  
17 like an Apex therapist would be in support of an SEL  
18 curricula but an Apex therapist isn't implementing  
19 an SEL curricula.

20 I don't know if I'm making myself clear.

21 Tier 1 is meant to benefit whole school,  
22 and it is, it is something that an Apex therapist  
23 would support. So maybe they're at the SEL  
24 curricula meeting, they're helping to guide it, but  
25 that person isn't taking the lead in any of that,

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1 but they are a thought partner.

2 So that's really kind of the school taking  
3 the lead on what's happening at Tier 1, if that  
4 makes sense.

5 Here it says Tier 1 supports and services  
6 are provided daily through 100 percent of students.  
7 So that language is, in my understanding and  
8 interpretation, this Tier 1 is written from the  
9 perspective of what a school staff and personnel are  
10 meant to do, which makes sense, because this is a  
11 GDOE document. Our Apex -- Georgia Department of  
12 Education document.

13 Our Apex therapists are very much in  
14 support of this, but that's -- they're not doing  
15 this, this provided daily for 100, they're not doing  
16 that daily, right. They are there in support of  
17 these activities.

18 So that's where -- like I said, it's  
19 nuanced.

20 Q Right. I understand the point.

21 A It's different.

22 Q I understand the point you're making in  
23 terms of the services that are directly provided by  
24 Apex therapists.

25 A Right.

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1 Q But Apex does encompass three tiers of  
2 service, correct?

3 A Correct.

4 Q Including Tier 1 --

5 A Yes.

6 Q -- which is -- as you described it --

7 A Supporting schools.

8 Q We can't talk over each other. It's okay.  
9 It's fine. No worries. I saw where you were going.  
10 We just have to wait our turn.

11 So Tier 1 services are the universal  
12 intervention and awareness promotion services you  
13 described earlier, right?

14 A Uh-hum. Yes.

15 Q Are the kinds of services described here,  
16 stepping aside -- setting aside the question of who  
17 was providing them, what would you expect from Tier  
18 1?

19 A Yes.

20 Q Okay. Thank you.

21 So let's go ahead and put this aside. I'm  
22 going to stop sharing my screen.

23 A Okay.

24 MR. HOLKINS: I'd like to introduce --  
25 this is actually a pre-introduced exhibit,

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1 Exhibit 20.

2 (WHEREUPON, Plaintiff's Exhibit-20 was  
3 previously marked for identification.)

4 BY MR. HOLKINS:

5 Q Ms. Desai, you just received what was  
6 previously marked as Exhibit 20.

7 Please take a moment to familiarize  
8 yourself with the document. You don't need to read  
9 it line by line. Let me know when you finish.

10 MR. HOLKINS: I'll note for the record  
11 this is GA00130192.

12 (Witness reviews exhibit.)

13 A I'm ready.

14 Q Have you seen this document before today?

15 A I have.

16 Q And what is this document?

17 A To my understanding, this document is what  
18 is forwarded to the community behavioral health  
19 providers that are funded to implement Apex.

20 Q Thank you.

21 And if you turn to Page 2 of this  
22 document, toward the middle of the page, there's  
23 text that indicates that these are -- what follows  
24 are community provider responsibilities and  
25 deliverables updated for fiscal year 2021.

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1 Do you see that text?

2 A Correct, yes.

3 Q Do you have any hand in drafting the  
4 provider responsibilities and deliverables for Apex  
5 providers?

6 A I do not.

7 Q Does anyone at the Center of Excellence?

8 A Not to my knowledge.

9 Q Do you have any input at all on this  
10 document?

11 A I think, I think over the years I have  
12 verbally shared, you know, my -- you know, my -- I  
13 have verbally shared my thoughts around what could  
14 be included in these documents as a way to build  
15 some accountability for data reporting.

16 Q So, first off, with whom did you share  
17 that verbal feedback?

18 A I mean I'm sure it was our DBHDD partner.  
19 So Dante, Layla, Dr. Pearson, maybe Danielle.  
20 Danielle is newer, but certainly the other three.

21 Q Do you recall when you shared this verbal  
22 feedback with OCYF staff?

23 A I don't. I don't.

24 So, so I've shared it throughout the  
25 years. I'm quite sure I have probably shared it at

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1 least once, even in this current fiscal year.  
2 Again, you know, identifying fidelity to reporting  
3 and things like that. You know, encouraging some  
4 upfront accountability.

5 Q Could you describe specifically the  
6 recommendations you made with respect to data  
7 correction and accountability?

8 A Goodness. I think my most recent  
9 recommendation that I'm recalling just in this  
10 moment is related to our parent survey. So we have  
11 a survey that's been co-created by COE and DBHDD.  
12 It was created before I came along, so I inherited  
13 it.

14 And it's, it's great -- it's a great  
15 survey in that it brings forward the perspective of  
16 a parent of a child who's receiving services in  
17 Apex, and the survey includes questions about kind  
18 of their efficacy and their ability to support their  
19 child, and things like that.

20 And we just -- we don't have a really good  
21 participation rate with that survey for just a  
22 variety of reasons. And so I believe the last time  
23 I likely mentioned, hey, you know, if that's  
24 something that could be put in the document.

25 Again, just as a way to kind of remind

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1 folks that we have this survey and we would  
2 appreciate increased distribution and reporting.

3 Q Okay. So that was the recommendation that  
4 they include language in the provider  
5 responsibilities instructing providers to --

6 A Yeah, encouraging them to get -- so,  
7 again, this also is secondary data collection.

8 Q Right.

9 A So I am not -- you know, it's not COE  
10 forwarding a survey to the parent directly. It's  
11 secondary, right. So we are encouraging the  
12 providers to forward the survey to the parents, and  
13 then the parents forward it to us.

14 Q Just to be clear, what was the language  
15 specifically that you proposed adding to the  
16 provider deliverables to address that?

17 A Well, it's in this current year. So I  
18 don't think this document would reflect that, right.  
19 It's in the current, yeah.

20 Q So that would be for FY22?

21 A Correct.

22 MR. HOLKINS: I'll just note -- this is  
23 really just for the transcript so I can look  
24 back at this -- I don't believe we have program  
25 deliverables for FY22 and we would request



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1           those from counsel.

2 BY MR. HOLKINS:

3           Q     What other recommendations have you made  
4 previous to that one with respect to data collection  
5 and accountability in connection with provider  
6 deliverables for Apex?

7           A     Oh, let me just read this one because --

8           Q     Take your time.

9                     (Pause.)

10          A     So I believe No. 7 likely also came from  
11 some, you know, collaborative conversation, just  
12 encouraging, you know, to continue participating in  
13 some of the technical assistance opportunities and  
14 peer, you know, events that we coordinate.

15                     That, that goes a long way for us to kind  
16 of understand what's happening in the network,  
17 what's working, what are best practices, things like  
18 that.

19          Q     So just to make clear for the record, when  
20 you refer to No. 7 --

21          A     To monitor -- I'm sorry.

22          Q     That's fine.

23                     You said it's No. 7 that likely was the  
24 result of feedback that you provided; is that right?

25          A     Recollecting it, yes. It could be.

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1 Q Right. And No. 7 is "coordinate treatment  
2 with the student, their family and teacher, and  
3 other resources, as indicated," and then there's a  
4 parenthetical? Or am I looking at the wrong place?

5 A Sorry. No. So on Page 3 there's a No. 7,  
6 too.

7 I was referencing the No. 7 on Page 3. To  
8 monitor -- do we have different -- I don't know.  
9 Sorry, it's my final page.

10 MS. JOHNSON: Mine is on the last page.

11 A I apologize. It's my final page. So it's  
12 No. 7 on the final page.

13 Q Thank you. Okay. Now I understand where  
14 we are.

15 A Yeah.

16 Q So you're referring to Page 7 -- excuse  
17 me -- to No. 7 on the last page of this document,  
18 which is Exhibit 20, and the text -- that paragraph  
19 starts with "to monitor proper implementation of the  
20 model according to fidelity"; is that right?

21 A Correct. And I will tell you that the  
22 fact that program evaluation and technical  
23 assistance, the fact that language has been  
24 included, that's where I am kind of feeling like  
25 there was some collaborative conversation.

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1           You know, as I said, you know,  
2   encouragement of continuation of submitting data,  
3   participating in these activities.

4           Q     When did you have conversations with your  
5   partners at OCYF about what ultimately became No. 7  
6   in this document?

7           A     This is, what, fiscal -- what fiscal year  
8   is this?

9           Q     It's FY21.

10          A     I mean it must have been in the previous  
11   fiscal year. I, I don't have a specific  
12   recollection.

13          Q     Do you have a recurring perhaps annual  
14   meeting in which you discuss the Apex program  
15   deliverables with your counterparts at OCYF?

16          A     Yes, yes.

17          Q     When does that meeting occur?

18          A     That meeting, you know, there's interim  
19   progress checks in our monthly interaction, right.  
20   I referenced previously we have two monthly meetings  
21   and then kind of doing kind of a reflection, if you  
22   will, annually.

23                That would coincide with when we're  
24   drafting some of those scope documents, the previous  
25   exhibits that we reviewed.

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1 Q I understand, and I just want to state  
2 this for the record, and please let me know if I  
3 misstate it.

4 Around the time you're working on the  
5 scope of service document that we discussed earlier,  
6 which goes to the Apex contract between DBHDD and  
7 COE, that's also when you're having discussions with  
8 OCYF about deliverables for providers?

9 A Yes.

10 Q Thank you.

11 A Sorry. Deliverables for us, not  
12 deliverables for providers, right.

13 So some of the language included in 7  
14 includes evaluation and technical assistance. So I  
15 say deliverables to us because, you know, the way  
16 I'm interpreting it, we, we need their data. We  
17 need them to participate in technical assistance  
18 activities so we can continue to monitor and provide  
19 support for the program.

20 So I think I'm making kind of like a  
21 technical like --

22 Q Right. These are -- this document  
23 describes responsibilities and deliverables for  
24 community providers --

25 A Correct.

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1 Q -- not --

2 A Correct, correct.

3 Q Okay. And you recommended including  
4 language in this document to the effect of what's in  
5 No. 7 on the last page?

6 A I don't know that it was an outright  
7 recommendation but I know we've had conversations,  
8 you know, around including language that, again, and  
9 continues to encourage them to submit their data,  
10 continues to encourage them participating in the  
11 technical assistance activities that we organize.

12 Q So you never made a recommendation with  
13 respect to No. 7?

14 I'm just trying to understand. You said  
15 there were conversations about it?

16 A Uh-hum. (Affirmative.)

17 Q What ultimately was your input in those  
18 conversations?

19 A To, to include language that could support  
20 the continued participation of those two activities.

21 Q Okay.

22 A Yeah.

23 Q And what is your understanding of what  
24 proper implementation of the model according to  
25 fidelity should look like?

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1           A       Yeah. So DBHDD identifies the Apex model  
2 to be, you know, an Apex therapist placed within the  
3 school setting. They encourage providers to, you  
4 know, partner -- they encourage therapists to be in  
5 one to two schools at a time. They don't want like  
6 one therapist supporting six schools.

7                   Because, again, you're there to support  
8 that continuum of services across the tiers. So if  
9 you're splitting the therapists across too many  
10 schools, there's not an opportunity to do that.

11                  So they really recommend the therapist to  
12 be placed into one to two schools so they can  
13 adequately support beyond just the one-on-one  
14 therapy.

15                  Once they're in a school, the model also  
16 includes language that gets that embeddedness, or  
17 integration. So that means once a therapist is  
18 there, when, when implemented to fidelity, the  
19 therapist really should be seen as a school  
20 employee.

21                  Like a student named Johnny shouldn't know  
22 that Ms. Davis, oh, she's a therapist coming in.

23                  It's meant to really feel like this person  
24 is just another staff member that's part of the  
25 school climate and culture. So that means, you

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1 know, schools are encouraged to provide email  
2 addresses, a school-issued email address, that  
3 they're on listservs and newsletters, that they have  
4 a dedicated, consistent space to see students.

5 So, you know, when Johnny goes to see  
6 their counselor, he knows that they're in the  
7 counseling suite and Ms. Davis is in Room B. So  
8 that should feel similar to when they're going to  
9 see their therapist.

10 It should be best practices. It really  
11 should be the same consistent space so that there's  
12 some predictability in that experience for the child  
13 coming to see Ms. Davis.

14 Q Okay.

15 A So there are some other indicators that we  
16 look for that kind of convey embeddedness and  
17 integration but that's like a few examples.

18 Q Okay. And so the two examples that I  
19 heard of what proper implementation of the model  
20 according to fidelity means are, one, limitations on  
21 the number of schools the therapists are serving;  
22 and then, two, embeddedness of the collocated Apex  
23 staff. Is that right?

24 A Yes, yes.

25 Q Are there other elements?

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1 A Yes.

2 Q What are they?

3 A So how a therapist informs their practice.  
4 With regard to this, there's flexibility in the  
5 model, and that's by design and on purpose. Every  
6 school and every community has specific needs, and  
7 so providers are really encouraged to engage with  
8 their school partner to identify what is this  
9 school's specific need.

10 So, for example, play therapy is a very  
11 common evidence-based practice that informs service  
12 delivery. That works really well in our elementary  
13 schools because that works with younger kids.

14 With middle schools, maybe there's another  
15 evidence-based practice that's informing service  
16 delivery.

17 So with respect to this, there is  
18 flexibility in the model to accommodate the fact  
19 that you are there to be responsive to that school's  
20 climate and culture. So the therapist, in concert  
21 with the school, works together to identify what  
22 that's going to look like.

23 So that's, that's part of the model, but  
24 there's flexibility. And, again, that's by design  
25 on purpose -- by design and on purpose.



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1           Then I think there's some best practice  
2 guidance in terms of productivity. So, again, you  
3 know, the therapist is there to provide that  
4 individual support, but they are meant to also  
5 support the existing school staff in Tier 1, and  
6 then step into partnering with the existing school  
7 staff in Tier 2.

8           And so in order to do that, I believe the  
9 best practice recommendation is 60 percent of the  
10 time can be dedicated to doing that individual  
11 one-on-one therapy, and then 40 percent of that time  
12 can be then freed up to support that Tier 1,  
13 possibly Tier 2 service.

14           Q     Okay. Just to make sure I understand this  
15 last point with respect to productivity, the  
16 expectation is that Apex providers are going to be  
17 spending 60 percent of their time on Tier 3  
18 services? Is that accurate?

19           A     I'm going to actually refer -- so I will  
20 say that percentage breakdown has, has been a little  
21 bit flexible as well, and the reason why is -- well,  
22 I can presume the reason why. But, you know, that,  
23 that percentage sort of needs to make sense with the  
24 timing of implementation.

25           And so what I mean by that is, you know,

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1 initially when a provider first comes -- a therapist  
2 first comes into a school, it may be as doing a  
3 little bit more of that Tier 1 or 2 because they're  
4 still building up their referral caseload or things  
5 like that.

6 And, and so I think that -- the percentage  
7 of each kind of fluctuates a bit based on  
8 implementation phase. And I think this document is  
9 reflecting at best practice approximately 70 percent  
10 of time is dedicated to billable direct service.  
11 And so then the remaining 30 percent would be for  
12 the Tier 1 or 2, I guess.

13 Q Can you show me, tell me where you're at?

14 A Absolutely. So this is under  
15 Responsibilities, No. 4. It starts with as a best  
16 practice, approximately 70 percent. And then the  
17 remaining 30 percent is identified in Item No. 5 on  
18 the second-to-last page of the document.

19 Q Thank you very much.

20 Is it true that all of the services  
21 described in No. 4 are Tier 3 services?

22 A Yes. Correct.

23 Q So going back to No. 7, and this is on the  
24 last page, in addition -- I'm sorry, go ahead.

25 A I'm sorry. I see group outpatient here.

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1 So that is technically Tier 2, but that is a  
2 billable service, which is why I think it's included  
3 in the, in the -- so you see GO -- group OP. That's  
4 group outpatient.

5 Q Okay. Other than group outpatient, are  
6 all the other services identified in No. 4 Tier 3  
7 services?

8 A No. I'm sorry. Family outpatient.

9 Q Okay. Are those the only two outliers?

10 A So -- this is where -- so they are Tier 3  
11 services because they are -- so they're -- they are  
12 -- okay.

13 So here it's kind of combining two things,  
14 if you will. They're talking -- they're not even  
15 talking about Tier 3. I'm sorry. I'm mixing two  
16 things here.

17 Q Go ahead and clarify. That's fine.

18 A This is just talking about dedicated to  
19 billable direct service. So this list is referring  
20 to dedicated billable services.

21 Q Which can be either Tier 2 or Tier 3?

22 A Correct. Thank you. That's it.

23 Q Okay. So going back to No. 7, we were  
24 just talking about the relevant measures with  
25 respect to proper implementation of the model

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1 according to fidelity, and I'm going to run through  
2 the four that I have down, and then I'm going to let  
3 you know -- please let me know if I'm mistaken or if  
4 there are any additional measures.

5 So I've got embeddedness of Apex staff in  
6 the schools, the limitations on the number of  
7 schools that therapists can serve, the productivity  
8 requirements that we just discussed, and  
9 responsiveness to school climate?

10 A Responsiveness to --

11 Q I think you described the flexible  
12 approach to identifying the specific needs of the  
13 school?

14 A Uh-hum. (Affirmative.)

15 Q Is that accurate?

16 A Yes. So I think there I was referring to  
17 the specific evidence-based practices that are  
18 informing their like -- that approach to providing  
19 the clinical care, the direct service.

20 Q Okay. Are there any other measures  
21 relevant to this text in No. 7, monitoring proper  
22 communication of the model according to fidelity?

23 A Let me just think for a minute.

24 Not that I'm recalling in this moment. I  
25 feel like I -- I trust it.

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1 Q So I think we can talk about fidelity a  
2 little bit more down the road, but I want to move on  
3 for now and show you another document.

4 MR. HOLKINS: Counsel, I had hoped to be  
5 able to do this on the computer, but it's too  
6 large a file for me to really navigate because  
7 of the size. So I'm going do this in text  
8 instead.

9 This is previously introduced as Exhibit  
10 22.

11 I have three copies, so I'll provide one  
12 to you and one to the witness and keep one for  
13 myself.

14 (WHEREUPON, Plaintiff's Exhibit 22 was  
15 previously marked for identification.)

16 MR. HOLKINS: So this is, for the record,  
17 GA01749707, previously introduced as Exhibit  
18 22.

19 BY MR. HOLKINS:

20 Q Unfortunately, this document is not  
21 internally paginated. And so what we're going to  
22 have to do is flip through the pages one by one and  
23 I'll try to be as efficient as possible.

24 If you flip to the second page after the  
25 cover, if you turn the page, you'll see the title

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1 "Georgia Apex Program Annual Evaluation Results,  
2 July 2019 - June 2020, Presented by the Center of  
3 Excellence for Children's Behavioral Health."

4 Do you see that text?

5 A I do.

6 Q Have you seen this document before?

7 A I have. And I'm not -- I got to look into  
8 that. Thank for you that recommendation. I don't  
9 know if PowerPoint allows you to put the page number  
10 at the bottom, but I'm going to have to look into  
11 that.

12 Q On behalf of the Department of Justice, I  
13 would humbly request that.

14 A So PowerPoint does let you do that?

15 Q Oh, I can't speak to that.

16 A Okay.

17 Q If PowerPoint does have that function, it  
18 would be nice.

19 So I believe you testified that you have  
20 seen this document before, correct?

21 A That is correct.

22 Q Did you have a hand in drafting this  
23 document?

24 A I did.

25 Q What was your role in drafting this

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1 document?

2 A So I'm trying to remember the year. So I  
3 have a role every year. Sometimes I play a bigger  
4 role and sometimes I play a smaller role.

5 I think this particular year I might have  
6 played a bigger role. So, yeah, I have seen this.  
7 I have seen this a lot.

8 Q And what does that mean, a bigger role, in  
9 the context of this document?

10 A So if I'm recalling the dates correctly, I  
11 believe this may have been the -- during the  
12 production of this report, I believe my Apex  
13 evaluation lead was on maternity leave. So I think  
14 I stepped in to have a bigger role for this  
15 particular production.

16 Q Does that mean actually drafting the  
17 slides?

18 A Yes, that does. Yep, that means exactly,  
19 like, you know, kind of being the point person to  
20 pull all the information and data together that  
21 comes from several different resources. So, yes.

22 Q So you pulled the data together that's in  
23 this report, and then you drafted the slides?

24 A Correct.

25 Q This is for Year 5 of the Apex program; is

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1 that right?

2 A I think so. I think so, yes.

3 Q Have there been subsequent iterations of  
4 this annual evaluation report?

5 A So this gets produced annually. I do  
6 believe a Year 6 report has been publicly cleared.  
7 So like a Year 6 version of this I do believe has  
8 been publicly cleared. I believe.

9 Q I know. I'm just looking at the --  
10 publicly cleared?

11 A Yeah.

12 Q What does that mean?

13 A Well, so we've produced it. It's in  
14 existence. I think DBHDD has reviewed it and  
15 cleared it, yeah.

16 Q Has that report, to your knowledge, been  
17 shared with the public?

18 A So our process, once it's approved by all  
19 parties, it gets uploaded onto our website.

20 Q The Center of Excellence website?

21 A Yeah. And the reason why I'm saying I  
22 believe is because the last time I checked, I don't  
23 remember seeing that report uploaded onto the  
24 website. That's why I'm saying I believe.

25 MR. HOLKINS: We'll just put a marker down



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1 for this as well. We'd like to see the annual  
2 evaluation results for Year 6, and we'll follow  
3 up with that, counsel.

4 BY MR. HOLKINS:

5 Q Let me just ask, for Year 5 you testified  
6 you had a bigger role in drafting this report. For,  
7 for instance, the previous year, Year 4, who was  
8 taking the lead in drafting the annual evaluation  
9 for that year?

10 A I mean I definitely had a role in it. I'm  
11 just trying to remember if I had another, another  
12 lead at the time.

13 I'm not recalling that I had -- like I  
14 know Ani was not there in year -- she was there in  
15 Year 4 but I think she was very new. So she might  
16 have just had a smaller role. Yeah.

17 Q Did you principally draft the annual  
18 evaluation report for Year 6 that you just described  
19 that's been publicly cleared?

20 A So I had a -- so Ani was the primary kind  
21 of project manager of Year 6, but, yes, I absolutely  
22 had a role in reviewing it and, you know, being  
23 included in kind of the production of it, things  
24 like that.

25 Q And you described a process by which the

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1 Center of Excellence will draft this report and then  
2 send it to OCYF for review; is that right?

3 A Correct, yes.

4 Q And what is OCYF's role once they receive  
5 that draft from the Center of Excellence?

6 A So their role is reviewing the  
7 information, the data.

8 Now, that's not the first time they're  
9 laying eyes on the data. They receive monthly  
10 reports. So they have -- you know, they're tracking  
11 monthly what happens. But this is the first time  
12 that they're seeing kind of the aggregate of the  
13 entire year, right.

14 And what they receive monthly is, you  
15 know, just kind of the outputs, and this is really  
16 kind of doing a little bit more deeper dive  
17 analysis, if you will.

18 So their role is reviewing it, digesting  
19 it, asking questions if something is unclear.

20 You know, we live in the evaluation world,  
21 and so we know that there's a varied audience of  
22 consumers who might be interested in this. So we  
23 want to make sure what we're putting out there is  
24 digestible for everyone. And so is it lay enough  
25 but still, you know -- you know, still, still in

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1 alignment with how we want to talk about evaluation  
2 and metrics and things like that.

3 So they review it. They provide us  
4 feedback. They provide us suggestions.

5 If there's something they're curious  
6 about, they will kind of tag that or identify that.  
7 Sometimes it's, oh, that's an interesting data  
8 point, do we know more about it?

9 Sometimes if it's the Other category,  
10 let's unpack that Other category, what else were  
11 some responses that came from it. Things like that.

12 And then approval, of course. Review and  
13 approval.

14 Q Right. And is it fair to say that this  
15 report is not finalized and disseminated to the  
16 public until it's approved by DBHDD?

17 A Yes.

18 MS. JOHNSON: If there's a good stopping  
19 point in the next few minutes, let's -- I want  
20 to take a break.

21 MR. HOLKINS: Let's do at least five  
22 minutes.

23 THE VIDEOGRAPHER: Off the record at 2:21  
24 p.m.

25 (A recess was taken.)

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1 THE VIDEOGRAPHER: Back on the record at  
2 2:27 p.m.

3 BY MR. HOLKINS:

4 Q Ms. Desai, we were just talking about  
5 Exhibit 22, and I want to now at this point just  
6 walk through some of the slides. We're not going to  
7 talk about each one but I do have some questions  
8 with specific slides. I think the best way to do is  
9 go through page by page and then I'll ask you some  
10 questions.

11 A Okay.

12 Q I want to first turn to the page entitled  
13 "Apex Programmatic Goals.

14 If you flip just one, you'll see it. Do  
15 you see that?

16 A I see it.

17 Q Let me first ask whether the Apex  
18 programmatic goals have changed since you drafted  
19 this report?

20 A They have not.

21 Q Does the COE have any role in identifying  
22 Apex programmatic goals, the ones that are on this  
23 page?

24 A So this precedes me. These programmatic  
25 goals were developed in 2019 -- sorry. 2015, with

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1 the inception of the program, and I know that there  
2 were -- there was some COE presence in the inception  
3 of the program.

4 Q So these goals have not changed since  
5 Apex's inception, as you understand it?

6 A Correct.

7 Q Let's flip to the next page, and just for  
8 identification purposes, the next page describes the  
9 three-tiered approach to school-based mental health  
10 we've been talking about today, correct?

11 A That's right.

12 Q You can flip to the next page.

13 Under Apex Program Evaluation Design, do  
14 you see where I am?

15 A Yes.

16 Q What is a mixed-methods approach?

17 A Mixed-methods approach means we're relying  
18 on qualitative data as well as quantitative data.

19 Q Thank you. And is COE collecting both  
20 quantitative and qualitative data with respect to  
21 the Apex program?

22 A Correct.

23 Q On the next slide, which is titled "Apex  
24 Program Measures and Procedures," let me just ask  
25 whether all of the measures and procedures that are

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1 described on this page are still in use?

2 A Yes, correct. That's right.

3 Q Is there a monthly programmatic report?

4 A I'm sorry. Can I?

5 Q Please go ahead.

6 A So the COVID-19 experience interviews  
7 were, were initiated in that -- just in that year,  
8 and we have not -- we've not continued that.

9 So it was just done for that one specific  
10 year, and I think that was the year that -- this is  
11 the year that we went into shelter in place. So we  
12 really wanted to capture what that experience was  
13 like, and we didn't have a way to capture it in our  
14 quantitative data collection, so we revised our  
15 qualitative so we could capture that.

16 Q Understood. Thank you.

17 And aside from that change, are all the  
18 other measures and procedures described on this page  
19 still in effect?

20 A Yes, that's correct.

21 Q So the top entry on this page is Monthly  
22 Progress Report. Do you see that?

23 A I do.

24 Q Is there a monthly programmatic report in  
25 addition to the monthly progress report?

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1           A       So -- yes, but -- yes, there is. That,  
2       that report does not come to us, though.

3                       So there's been a little bit of a change  
4       in that over the years. So initially, and for some  
5       years, I don't remember exactly how many, there was  
6       a programmatic report that was directly sent to us  
7       and that programmatic report was a way for providers  
8       to put some context to their activity that was meant  
9       to provide a little bit more detail based on like  
10      what they were invoicing.

11                    So we created a form that Apex providers  
12      could provide that additional context to their  
13      invoicing. It was forwarded to us. We basically  
14      took a bunch of the Word document, downloaded the  
15      data, put it into a Word document and collapsed it  
16      into one PDF and forwarded it on.

17                    In this year, in the current year  
18      evaluation data report that we are currently looking  
19      at, I believe this was the year where the decision  
20      was made that the programmatic report was going to  
21      be directly sent to DBHDD. And so there was a  
22      programmatic report. There was a time when it came  
23      to us and we packaged it and then gave it to them.

24                    But I believe this was -- because I don't  
25      see it reflected in this table. This is the year

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1 where we moved to just them directly collecting it  
2 and keeping it.

3 Q Why was -- what's the reason for that  
4 decision?

5 A Um, so if I recall, that decision was  
6 because, the information that was forwarded in that  
7 report, very valuable, wasn't timely enough in the  
8 way we were capturing it.

9 And so what I mean is even this monthly  
10 progress report that you see here, we are March --  
11 we are in the month -- today is March 29th. Our  
12 providers just submitted February's data.

13 So, you know, we need the month to close  
14 and capture all the activity that happened. So  
15 March 15th they are submitting February data, if  
16 that makes sense.

17 So they were submitting that data but it's  
18 one month back, right. So by the time I receive it,  
19 it's reflecting the previous month. So while the  
20 information was valuable, it didn't feel timely to  
21 DBHDD, and they wanted it more in kind of realtime.

22 So it just felt like it was more  
23 appropriate for them to start collecting it  
24 directly.

25 That timing I believe aligned with them



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1 also partnering with a fiscal agent to help manage  
2 some of the contracts and budgets and invoicing and  
3 things like that.

4 So I think the timing of that -- like it  
5 was kind of a clean timing of like, okay, we're  
6 transition to a new process of invoicing and things  
7 like that, and now this programmatic report is going  
8 to accompany some of the new process for invoicing.

9 Q Okay. So at present does the monthly  
10 programmatic report go directly to DBHDD from Apex  
11 providers?

12 A Correct.

13 Q And the monthly progress report goes  
14 directly to providers to COE?

15 A To us, correct.

16 Q Is there also a lag in the data that's  
17 being reported through the monthly progress report  
18 to CEO.

19 A Yeah, just as I described. So this is --  
20 you know, we give our providers to the 15th of the  
21 month to submit the previous month's full service  
22 delivery.

23 Q Right. Okay. And so that's true for both  
24 programmatic and for progress?

25 A Well, so I think programmatic now, I

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1 guess, is in realtime. I'm not really sure, right.  
2 That was their concern, that they weren't receiving  
3 it.

4 Q Understood.

5 A So I'm not sure, yeah.

6 Q And does your -- does the Center of  
7 Excellence reports about Apex still incorporate  
8 information from the monthly programmatic reports?

9 A No. We are -- we don't receive any  
10 information related to the monthly programmatic.

11 Q I want to just take a very quick  
12 digression from Exhibit 22 to show you a couple of  
13 other documents, which I'm just really offering for  
14 identification purposes.

15 A Okay.

16 Q This is an email I'm going to share with  
17 you, and it will be, I believe, marked as 47.

18 (WHEREUPON, Plaintiff's Exhibit-47 was  
19 marked for identification.)

20 BY MR. HOLKINS:

21 Q Ms. Desai, you've just been handed what's  
22 been marked Exhibit 47.

23 MR. HOLKINS: For the record, this is  
24 GA00146556.

25

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1 BY MR. HOLKINS:

2 Q It's an email from you dated June 11,  
3 2020. It's sent to Dante McKay and other  
4 individuals in OCYF.

5 My understanding is that this email is  
6 providing through the attachments current versions  
7 of that date of the monthly progress and  
8 programmatic reports.

9 Is that accurate?

10 A Yeah. I mean I -- you know, without  
11 seeing the attached documents, I believe what this  
12 was, was -- if I see two programmatic reports, I can  
13 -- so I'm assuming that maybe one copy was currently  
14 how the programmatic report was organized, and the  
15 second, based on discussion with them, you know,  
16 was, was us suggesting maybe some revisions that  
17 they may wish to consider, given redrafting it.

18 Q I see. So the first attachment is a  
19 proposed monthly programmatic report. So that one  
20 would have the changes that you propose -- proposed?

21 A Yeah. Well, so it says PDF copy of  
22 current. So that was probably just like a -- just  
23 an export, right, of what, what we were doing.

24 And then a revised version. I don't know  
25 why I say versions, if there's two attached.

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1 But, anyway, that second one must be just,  
2 you know, again based on the discussion in that  
3 meeting, I was likely maybe taking notes of how we  
4 were all kind of identifying how maybe it needed to  
5 be changed, and then I was sharing it with them.

6 Q Okay. Thank you. Let's put aside the  
7 email. I'm going to show you the attachments now.

8 A Okay.

9 Q Here is the first, Exhibit 48.

10 (WHEREUPON, Plaintiff's Exhibit-48 was  
11 marked for identification.)

12 MR. HOLKINS: For the record --

13 THE COURT REPORTER: Wait a minute.

14 MR. HOLKINS: Sorry.

15 BY MR. HOLKINS:

16 Q Ms. Desai, you've just been handed what's  
17 been marked Exhibit 48.

18 MR. HOLKINS: For the record, this is  
19 GA00146557. It's titled, "Georgia Apex Monthly  
20 Programmatic Report," and then in parentheses  
21 under that, "Required Report."

22 BY MR. HOLKINS:

23 Q This was one of the attachments to this  
24 email that we were just discussing, Exhibit 47.

25 Is this the current report or the proposed

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1 report?

2 A So this is, this is likely the report that  
3 they are currently using, because when we were  
4 managing the process it did not look like this.

5 So this is -- this is like -- this is the  
6 current report, but the revised report from --

7 Q Understand.

8 A -- what was happening when we were  
9 managing the process. I hope that makes sense.

10 Q So this was the proposed revision to the  
11 programmatic report as of that date?

12 A Yes, yes.

13 Q Okay.

14 A And, you know, I will tell you -- now that  
15 I'm seeing it, I mean I am recalling, you know, we  
16 were all collaboratively identifying what data was  
17 missing from what we had been doing for some time  
18 and what needed to be added.

19 And so a lot of this, you know, especially  
20 what relates to invoice, billing and reimbursement,  
21 that -- a lot of that is more DBHDD directed.

22 And, you know, and others might be more  
23 collaborative. Some was a little bit more directed  
24 from them.

25 But, yes, I do -- I think this is

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1 currently what's being collected as the programmatic  
2 report.

3 Q Okay. Thank you.

4 So let's put that aside. I'm not going to  
5 show you the other monthly programmatic report  
6 because it's outdated, but I do want to show you  
7 another attachment to this email.

8 (WHEREUPON, Plaintiff's Exhibit-49 was  
9 marked for identification.)

10 BY MR. HOLKINS:

11 Q You've just been handed what's been marked  
12 Exhibit 49.

13 A Oh, yes.

14 MR. HOLKINS: I'll note for the record  
15 this is GA00146562. The title is "Georgia APEX  
16 - School-Based Mental Health Monthly Progress  
17 Report."

18 Q Do you recognize this document, Ms. Desai?

19 A I do.

20 Q Is this the current version of the monthly  
21 progress report that the COE is using to collect  
22 data from providers?

23 A Likely no, and the reason why I'm saying  
24 that is, you know, as we, again, kind of understand  
25 the other categories and, and if we need to change a

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1 word or two here or there, we do that.

2 So, you know, it's -- by and large it's  
3 probably the same, but it's probably not exactly the  
4 same, if that makes sense.

5 Q You --

6 A Oh, I'm sorry. Can I say something?

7 Q Oh, of course.

8 A So 3.0 is missing. So there's that.

9 Q Apex 3.0 is not reflected on the first  
10 page of this document?

11 A That's right.

12 Q And is that reflected on the current  
13 monthly progress report?

14 A It is.

15 MR. HOLKINS: Counsel, as a marker, we  
16 will be requesting the current template for the  
17 monthly progress report being used by the  
18 Center of Excellence.

19 BY MR. HOLKINS:

20 Q Are you aware any of other specific  
21 changes made to this document other than adding Apex  
22 3.0 on the first page?

23 A I mean I would have to look at it.

24 Q There's no need to review the document.  
25 If you don't recall any other specific one offhand,

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1 that's fine.

2 A I don't recall off the top of my head.

3 Q That's fine.

4 A That was glaring to me.

5 Q So let's put aside Exhibit 49 and return  
6 to Exhibit 22.

7 I'm flipping to the next page, "Apex Year  
8 5 Evaluation Report."

9 Do you see where I am?

10 A I do.

11 Q I have no questions on that page or the  
12 next one.

13 No questions on the next two pages.

14 So there is a slide titled, "DBHDD  
15 Regional Representation of Apex Program Across the  
16 State."

17 Do you see that?

18 A I do.

19 Q I just want to make sure I'm interpreting  
20 this slide correctly.

21 The counties with no shading -- or I guess  
22 with the lightest shading indicate there are no Apex  
23 schools in the region. Is that accurate?

24 A That's correct.

25 Q Does the Center of Excellence have any



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1 role in seeking to expand the Apex program to  
2 counties where it currently is not available?

3 MS. JOHNSON: Object to form.

4 You can answer.

5 A So -- I mean, you know, we are a  
6 subcontractor. So we don't have any -- you know, we  
7 don't have any -- our scope is really doing  
8 monitoring, evaluation, and providing technical  
9 assistance to the community provider agencies.

10 So that's, that's beyond our role and  
11 scope.

12 Q And just to make sure I'm clear, do you  
13 personally make any recommendations to DBHDD with  
14 respect to expanding the Apex program to counties  
15 where it doesn't currently exist?

16 MS. JOHNSON: Objection.

17 You can answer.

18 A I mean -- no. Again, our, our -- you  
19 know, we're contracted to do the evaluation and  
20 provide the TA and work with the providers directly.

21 That, that would be something between  
22 DBHDD and the providers. You know, that would be --  
23 yeah.

24 Q So the answer is no?

25 A No.

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1 Q Flipping to the next page, I have no  
2 questions on the next two pages.

3 Regarding the slide titled, "The majority  
4 of students are referred by counselors," do you see  
5 that slide?

6 A I do.

7 Q Does this slide tell you whether any  
8 children were referred to Apex by GNETS facilities?

9 MS. JOHNSON: Objection.

10 You can answer.

11 A So this slide does not tell you that.

12 Q Do you have data elsewhere that --  
13 indicating whether and how many children were  
14 referred to Apex for GNETS programs?

15 MS. JOHNSON: Objection.

16 You can answer.

17 A So under Referral Source, you see State  
18 Entity?

19 Q Is that inclusive of GNETS?

20 A So --

21 MS. JOHNSON: Objection.

22 You can answer.

23 A -- I -- when I was looking at the MPR, and  
24 remember how I said maybe referral source, we may be  
25 capturing that, I wasn't recollecting but -- so if

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1 you go to Page 7 of Exhibit 49, it says State  
2 Entity, and then in parenthesis it's inconclusive of  
3 GNETS.

4 Q Thank you for bringing that up. I  
5 appreciate it.

6 And that's also on Page 2 of that same  
7 document, right, Exhibit 49?

8 A Oh, yes, yes. I didn't see that there.  
9 Yes.

10 Q So the State entities are defined to  
11 include DJJ -- does that stand for Division of  
12 Juvenile Justice?

13 A That's right.

14 Q What does DFCS stand for?

15 A Department of Family and Children  
16 Services.

17 Q And the other state entity is GNETS?

18 A GNETS.

19 Q And do you recall for Year 5 the number of  
20 students referred by GNETS to Apex based on the data  
21 collected for the MPR?

22 MS. JOHNSON: Objection.

23 You can answer.

24 A No. And I have no way of stratifying that  
25 data with the way the question is asked as well. So

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1 the way this data is reported, it says State Entity.

2 And so, if I see 317, that's, that's -- I  
3 don't know of the 317 how much is DJJ, DFCS or  
4 GNETS.

5 The way, the way I'm -- I'm seeing the way  
6 that the question is being asked, there would be no  
7 way to stratify how many total -- of the total how  
8 many is DJJ, DFCS, or GNETS.

9 Q Thank you.

10 Let's go back to Exhibit 22.

11 Do you see the slide entitled "Top Three  
12 Referral Reasons"?

13 A Yes.

14 Q The No. 1 reason is Classroom Conduct.  
15 And let me just rephrase.

16 The most common reason is classroom  
17 conduct, correct?

18 A Uh-hum. Yes.

19 Q Do you know what evidence-based practices  
20 would be appropriate for children referred to Apex  
21 because of classroom conduct?

22 MS. JOHNSON: Objection.

23 A I don't. I, I can presume but I don't  
24 know, no.

25 Q The next most common referral reason is

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1 behavioral -- excuse me -- Behavior Outside  
2 Classroom.

3 Do you see that?

4 A I do.

5 Q Do you know what evidence-based services  
6 would be appropriate for children referred to Apex  
7 because of behavior outside of classroom?

8 MS. JOHNSON: Objection.

9 A I cannot say.

10 Q Because you don't know?

11 A I don't know.

12 Q And I'll just ask for one more.

13 The third most common referral reason,  
14 which is depression, do you see that on the slide?

15 A I do.

16 Q Do you know what evidence-based practices  
17 would be appropriate for children referred to Apex  
18 because of depression?

19 MS. JOHNSON: Objection.

20 A Not just based on depression. I mean I  
21 think it's taking the student in the context and --  
22 so I think -- I think what is noteworthy here is  
23 that these are referral reasons, not diagnoses.

24 Q Right.

25 A And so I think connecting it to what

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1 evidence-based practice is not -- there's not a  
2 direct line there.

3 Q Just to return to the question, though, do  
4 you know what evidence-based practice would be  
5 appropriate for a child referred to Apex because of  
6 depression?

7 MS. JOHNSON: Objection.

8 A I do not.

9 Q Let's scroll ahead or turn ahead.

10 I have no questions on the next two pages.

11 Total Number of Services by Type.

12 A Yes.

13 Q Do you see that slide?

14 A I do.

15 Q Initial Outpatient Service, what does that  
16 entail?

17 A That is that intensive one-on-one therapy.

18 Q Is that a Tier 3 service?

19 A It is.

20 Q And what is your understanding of  
21 Community Supports and Individual Services, the  
22 second service listed on this slide?

23 A Yeah, that's where I was saying, you know,  
24 sometimes they need referrals to other community  
25 supports. They need, you know, other -- sometimes

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1 it's something that the CS-I worker can help  
2 facilitate and sometimes they're, you know, giving  
3 referrals within the community to meet their needs.  
4 So it just depends on the type of need the student  
5 might have.

6 Q Is Community Support and Individual  
7 services akin to case management?

8 A It's like that, yes. Yes, that would be a  
9 good. Uh-hum, that would be a good way to  
10 understand it.

11 Q And what is your understanding of  
12 Behavioral Health Assessment?

13 A That's, that's kind of -- it's an intake.  
14 It's kind of understanding the social history of the  
15 child. It's understanding what they're presenting  
16 with. Social/emotional history.

17 Q What's your understanding of psychiatric  
18 interventions?

19 A That is -- you know, sometimes, sometimes  
20 there is a need for -- I think that goes along with  
21 medication management. Sometimes there is a need  
22 for medication prescription. I think that's what  
23 would be --

24 Q How is that different from medication  
25 management, which is also listed on this slide?

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1 A Sometimes kids need to be seen and need  
2 like a behavioral health assessment, or just like an  
3 individual therapy session, to continue receiving  
4 prescription for medicine, if that makes sense.

5 Sometimes, you know, like you just -- you  
6 get a six-month prescription but when that six  
7 months run out, you're not going to get another  
8 prescription until you come and see a doctor and the  
9 doctor lays eyes on you and confirms like there's  
10 still a need for the prescript -- like all of that,  
11 so.

12 Q What is your understanding of Crisis  
13 Intervention, the last service that's identified?

14 A So, yeah, that's, that's any crisis that  
15 the child might be experiencing. That could  
16 include, you know, suicide, like if there's reason  
17 to be concerned about suicide. You know, if there's  
18 -- anything that requires -- I mean anything really  
19 to support the crisis.

20 Q And just to make sure that I understand,  
21 this service itself that's provided through crisis  
22 invention, is that mobile crisis response? Is that  
23 crisis stabilization?

24 What is -- what is the actual service?

25 A Yeah, it's crisis stabilization. I mean,



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1 you know, whatever is needed to support that child  
2 in the school.

3 Yeah, I mean we've had episodes where kids  
4 are really, you know -- I mean experiencing like an  
5 emotional -- I don't know. Like an emotional  
6 breakdown? So, yeah.

7 Q So this service is designed to help them  
8 resolve that immediate crisis in the school setting?

9 A Yes. Yeah.

10 Q Are you familiar with the service called  
11 Intensive Customized Care Coordination, or IC3?

12 A I am familiar with it. Not terribly  
13 familiar, though. I know the Center has work that  
14 they're doing within that space. I don't directly  
15 have any hand in it.

16 Q Do you know if IC3 is provided through the  
17 Apex program?

18 A I don't. I mean I don't -- not to my  
19 knowledge.

20 Q Are --

21 A That's something newer, too. I mean that,  
22 you know -- yeah.

23 Q Are any of the services on this slide  
24 evidence-based services, to your knowledge?

25 A So it's -- so these -- so these are

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1 services that are provided, but, you know -- so,  
2 like, for example, individual outpatient services,  
3 that's that one-on-one therapy. There is an  
4 evidence-based that is informing how that therapist  
5 is delivering services, yes.

6 Again, that evidence-based is determined  
7 in collaboration with the provider and the school  
8 based on what the needs are of that school  
9 community.

10 So I have no doubt there are  
11 evidence-based practices informing these therapists,  
12 but it varies.

13 Q There are specific evidence-based  
14 services, correct?

15 A Yes, yes.

16 Q Is cognitive behavioral therapy an example  
17 of an evidence-based service?

18 A Yes.

19 Q Is dialectical therapy another example of  
20 an evidence-based service?

21 A Yes.

22 Q Are any of the services described on this  
23 page evidence-based services?

24 A These are -- there's, there's  
25 evidence-based frameworks informing these services,

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1 yes, but the words on this page, these are not  
2 evidence-based services.

3 Q Okay.

4 A I think there is a slide with  
5 evidence-based services. What are the top --

6 Q Okay, we'll get to that one.

7 A Yeah.

8 Q Thank you.

9 So let's turn to the next page, and you  
10 had referenced diagnoses earlier, and I see here a  
11 slide that describes the top three diagnoses.

12 Do you see where I am?

13 A I am. I do.

14 Q The first diagnosis, the most common  
15 identified on this slide is ADHD.

16 Do you see that?

17 A I do.

18 Q What does ADHD stand for?

19 A Attention deficit hyperactivity disorder.

20 Q Do you know what evidence-based services  
21 would be appropriate for a child diagnosed with  
22 ADHD?

23 MS. JOHNSON: Objection.

24 You can answer.

25 A So there's not, there's not like one.

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1 It's really -- the therapist, after knowing a  
2 diagnosis. So that is what directs care, the  
3 diagnosis. It's not referral reason, it's not  
4 referral source. It's the diagnosis.

5 So I can't say that there's just one  
6 that's appropriate for ADHD. It's -- but that piece  
7 of information for a therapist knowing what the  
8 diagnosis is, yes, helps to kind of identify what  
9 would be appropriate. But it's not that it's just  
10 one for ADHD. I think it's that data point along  
11 with the other data points for a child. If that  
12 makes sense, what I'm saying.

13 Q So assuming what you're saying is true,  
14 that there's not just one service, evidence-based  
15 service that would be appropriate for a child with  
16 ADHD, is there a package of services which you think  
17 would be appropriate for a child with ADHD?

18 MS. JOHNSON: Objection.

19 A There are -- yes, there are several --  
20 yes, there are several practices that can be more  
21 useful when working with a population of ADHD.

22 Q And what are those?

23 A I mean, you know, I think play therapy,  
24 depending on the age of the child, could be  
25 appropriate. Sometimes therapists come to the

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1 understanding that sometimes medication needs to be  
2 included.

3           You know, again, knowing the full social  
4 history of the child is what's really going to  
5 direct the care. So that's maybe an example of two,  
6 but the other data points included and collected on  
7 that behavioral health assessment I think also helps  
8 to drive those decisions.

9           Q     Let's turn to the next page, which starts  
10 with the sentence "Of the 1,779 students discharged  
11 from the Apex program during Year 5, noncompliance  
12 and equals 728 is the most frequently reported  
13 reason."

14                   Do you see that text?

15           A     I do.

16           Q     What does noncompliance mean?

17           A     So noncompliance can mean, you know, that  
18 they -- they weren't able to receive services per  
19 the treatment plan. So, let's say, for example, the  
20 treatment plan, based on kind of what's happening in  
21 that child's life, states that it would be best to  
22 see that child once a week. Noncompliance could be  
23 we were unable to see that child once a week, for  
24 some -- for a variety of reasons.

25                   Noncompliance can mean that the parent

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1 maybe decided that they didn't -- they didn't want,  
2 even though the therapist said that we think your  
3 child would benefit from service, they didn't want  
4 to consent to that.

5 Q Does the COE track the specific reasons  
6 for noncompliance in connection with this data?

7 A So just based on what's in front of me,  
8 I'm going to say no, because the way I'm reading  
9 this is this is the unique response that someone  
10 selected, noncompliance. It's not, it's not --  
11 what's the word I'm looking for?

12 It's not a variable that we've created.  
13 It's a unique response option. So that is telling  
14 me that noncompliance is just one reason.

15 It's possible, though, that before they  
16 select that, there may be some language that helps  
17 define what is meant by noncompliance. But the way  
18 this is reading, I'm thinking -- I'm thinking now,  
19 but I need to look and see.

20 Yeah, back to 49 would maybe help.

21 Q This would be based on data submitted on  
22 the monthly progress report?

23 A Yeah. On each slide, at the very bottom  
24 right-hand corner, you'll see Source. So, yeah,  
25 this will be from the --

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1 Q If you turn to Page 6 of Exhibit 49 --  
2 it's probably where you're going right now.

3 A Okay. Yes, I'm here.

4 Q Under Part i?

5 A Okay, yes. So there you go. So, uh-hum.  
6 Yep.

7 So noncompliance, and it says, for  
8 example, not going to sessions, lack of  
9 participation at sessions, yes.

10 Q So to be clear, this form does not require  
11 that providers identify the specific reasons for  
12 non-compliance when reporting the data?

13 A Well, so we are, you know, giving them --  
14 by the example, we are, we are indicating to them  
15 what is meant by the word "noncompliance."

16 So I can only assume that the reporting of  
17 that data then is inclusive of, you know, these are  
18 the number of students not going to sessions, lack  
19 of participation at sessions.

20 So I should say when we create questions  
21 for either monthly or annual tracking, it is in  
22 collaboration with our evaluation advisory team, and  
23 so, you know, we are very much aware that we don't  
24 have the context and knowledge of kind of boots on  
25 the ground of what's happening.

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1           So when we create questions, we will take  
2 the liberty of initiating a question and then we  
3 will take it to the evaluation advisory group and  
4 say, oh, this is what I'm asking, this is the  
5 information I'm seeking. Am I asking in the right  
6 way? What are some pre-formed responses that you  
7 would likely select?

8           And so we attempt to get as many  
9 pre-formed as possible, and then typically always  
10 end with Other, because we know we don't know  
11 everything and all the reasons, and then the Other  
12 category, once we do analyze that, those then do --  
13 sometimes if responded to frequently enough, then we  
14 create unique response choices based on that.

15           Q     So I want to go back to my question, which  
16 is whether this form requires that providers  
17 submitting monthly progress reports identify the  
18 specific reasons for noncompliance?

19                     Does this report call for that  
20 information?

21           A     Um, I guess not in the way you're asking  
22 it.

23           Q     Okay. Let's move on.

24                     I actually think that -- let me just ask.  
25 Stepping aside from the exhibit, are you familiar



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1 with this service functional behavioral assessment?

2 A No.

3 Q What was that? I'm sorry?

4 A No.

5 Q Thank you. And just to confirm, you're  
6 not aware that's a service provided through the Apex  
7 program?

8 A I'm not aware.

9 Q So we did talk about specific  
10 evidence-based services. I think you said there's a  
11 slide for that?

12 A Yes.

13 Q Let's go through it so we can find that  
14 slide.

15 A Okay.

16 Q I see one here. "Of the 159 reported  
17 evidence-based practices."

18 Do you see where I am? This is right  
19 after -- we have Apex Billing by Payer Source,  
20 Percentage of Services Billed to a Third Party  
21 Payer, and then "of the 159."

22 You see where I am?

23 A Yes.

24 Q Okay. So these are the evidence-based  
25 practices, or EBPs, that are available through Apex,

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1 correct?

2 A Most frequently utilized, that's right.

3 Q What are the other services -- excuse me.

4 Other evidence-based practices available through

5 Apex that are not on this spread -- excuse me -- on

6 this page?

7 A So sometimes in some of the slides we have

8 a little pop-out of the Other, and I don't see that

9 we've done that here.

10 We typically try to follow the rule that

11 if the Other category is one of the top three, then

12 we go ahead and provide that further detail, but I

13 don't recall that off the top of my head.

14 Q Do you know whether Apex providers receive

15 training on these most common evidence-based

16 practices?

17 A So I -- so DBHDD provides support in the

18 area of workforce development. They have a system

19 called Relias, that houses a lot of professional

20 development.

21 I do believe that some of these are

22 included in that.

23 Beyond that, the individual provider

24 agencies also do a lot of support and professional

25 development within, you know, the evidence-based

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1 practices that they prioritize or adopt.

2 Q Is Relias an online-based training module?  
3 Can you explain to me what it is?

4 A I think it's exactly what you described.  
5 I don't know a whole lot about it. I've never been  
6 in the system. But to my understanding, yes, it's  
7 online, like modulized thing, yeah.

8 Q Does the Center of Excellence, separate  
9 and part from what you just described, provide any  
10 training or technical assistance to Apex providers  
11 on the most common EBDs identified on the slide?

12 A So we have a workforce development arm  
13 within the COE, and within that we have done a lot  
14 of work in the trauma informed world.

15 So there is another group, like another  
16 team, that provides a lot of support across the  
17 State, and some of the agencies that are  
18 implementing Apex have been involved in some way in  
19 those -- participating in those trainings.

20 Q Okay. Does that workforce group within  
21 the COE specifically target training on  
22 evidence-based practices to Apex providers, or is it  
23 just broadly offered to --

24 A It's broadly offered.

25 Q So they're not specifically reaching out

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1 to Apex providers and scheduling trainings on  
2 evidence-based practices?

3 A No. But they're included in the network  
4 of providers who are -- who have the opportunity to  
5 participate.

6 Q Do GNETS staff have the opportunity to  
7 participate in those workforce trainings on  
8 evidence-based practice?

9 MS. JOHNSON: Objection.

10 A I don't know that they do and I don't know  
11 that they don't. I don't.

12 Q I think we can put this document aside.

13 MR. HOLKINS: We can also take a little  
14 break now, five minutes, and we can go off the  
15 record.

16 THE VIDEOGRAPHER: Off the record at 3:10  
17 p.m.

18 (A recess was taken.)

19 THE VIDEOGRAPHER: Back on the record at  
20 3:18 p.m.

21 BY MR. HOLKINS:

22 Q Ms. Desai, you mentioned when we were  
23 speaking earlier that there is a workforce arm of  
24 the COE, correct?

25 A Correct.

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1 Q Who runs that component of the COE?

2 A That is co-led by Astrid Pruett and Ursula  
3 Davis.

4 Q Would you agree that broadly one of the  
5 goals of the Apex program is to meet the needs of  
6 students who have behavioral health conditions in  
7 general education settings?

8 A Yes.

9 Q Close to their homes and communities?

10 MS. JOHNSON: Objection.

11 A It's, it's in the schools where they -- in  
12 the communities and where they live.

13 Q And in your view, why is that important?

14 A Apex is a school-based initiative. So  
15 it's being implemented in the schools in which these  
16 -- where these children are.

17 Q I understand that the services are being  
18 implemented --

19 A Yeah.

20 Q -- in general education settings in  
21 students' homes, near their own communities, right?

22 A Yes, correct.

23 Q I'm asking you whether you think that's  
24 important?

25 A I think it's important because it's a

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1 school-based delivery model. So I think it's  
2 important that the services are delivered in the  
3 school setting.

4 Q But beyond just any school setting, in a  
5 setting close to the child's home and community?

6 MS. JOHNSON: Objection.

7 Q You think that's important?

8 MS. JOHNSON: Objection -- sorry.  
9 Objection.

10 A I think I'm not understanding the  
11 question.

12 Q Okay. Let me try again.

13 Students who receive services through the  
14 Apex program receive those services in their  
15 schools, correct?

16 A Correct.

17 Q The schools which they would normally go  
18 to based on where they live in Georgia?

19 A That's right.

20 Q Do you see value in providing services  
21 through the Apex program to students in the school  
22 where they would ordinarily go to based on where  
23 they live?

24 MS. JOHNSON: Object.

25 A I do, because I think -- you know, I

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1 mentioned earlier it's, it's acknowledging some of  
2 what we know to be the barriers to accessing  
3 services. You know, transportation, getting the kid  
4 to the therapist, and providing services in an  
5 environment where they already spend so much of  
6 their time acknowledges some of those barriers.

7 Q Does providing services in a school  
8 setting close to their community generate, based on  
9 your understanding of your research, better outcomes  
10 for children with behavioral health conditions?

11 MS. JOHNSON: Objection.

12 A Based on my research, providing services  
13 in the schools where the kids are receiving their  
14 education is, yes, is better for outcomes because,  
15 again, it acknowledges some of the access of  
16 transportation and the parent needing to take time  
17 off work and things like that.

18 It's, it's meeting, meeting them where  
19 they are.

20 Q Let me go back and talk about -- I think  
21 it was -- I think I'm disorganized. I'm sorry.

22 A That's okay.

23 Q Do you have the Georgia Apex program  
24 provider responsibilities and deliverables in front  
25 of you?

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1 A Yes. Hold on.

2 This document?

3 Q Yes. It's Exhibit 20, correct?

4 A Yes.

5 Q So I want to direct you to the section  
6 titled, "Deliverables," which starts on Page 3 of  
7 the document and carries over to Page 4.

8 Do you see where I am?

9 A Yes.

10 Q Okay. Under No. 3, the third bullet, and  
11 this is on the last page of the document, is  
12 "Difference made."

13 Do you see that?

14 A I do.

15 Q The two measures for difference made are  
16 the percent of students served to require a higher  
17 level of care, such as short-term crisis  
18 stabilization or extended residential treatment,  
19 including a) monthly and b) aggregate totals.

20 That's the first; is that correct?

21 A Correct.

22 Q And the second is "number of disciplinary  
23 referrals per month for the total population of  
24 schools receiving Apex services, including, a)  
25 monthly and b) aggregate totals. The goal is try to



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1 attribute the impact of Apex on the general school  
2 climate."

3 Do you see that text?

4 A I do.

5 Q Did you have any input in identifying  
6 these two measures for difference made?

7 A I believe there was collaborative  
8 conversation.

9 Q So did you participate in those  
10 conversations?

11 A I believe I did.

12 Q And what was the thinking behind  
13 identifying these two measures for difference made?

14 A If I recall, the first one, you know,  
15 regarding higher level of care. It's attempting to  
16 understand that is receiving the services through  
17 the Apex program, maintaining or addressing their  
18 need, keeping them in their home, their community,  
19 their school, and not requiring a higher level of  
20 care, are they meeting -- are they getting what they  
21 need from what's being delivered through the Apex  
22 program. And it's not resulting in crisis or not  
23 resulting in any situation that would require higher  
24 levels of care.

25 So that's, that's the first one.

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1           The second one is, you know, given that  
2     the Apex therapists are coming into the schools and  
3     supporting those Tier 1 and Tier 2 interventions,  
4     Tier 1 being that universal prevention, and Tier 2  
5     being that group work or smaller focused work, you  
6     know, is, is the fact that that support is there,  
7     having any impact on the general school climate.

8           And so us, us wanting to understand the  
9     disciplinary referrals and incidents -- I think that  
10    word is in here -- but, you know, wanting us -- us  
11    wanting to understand what the movement of referrals  
12    is looking like. You know, is it such that before  
13    services we have a high rate of disciplinary  
14    referrals and incidents, and now that services are  
15    in place, students needs are being met, do we see  
16    lower referral, do we see lower incidents.

17           And so is that in any way changing the  
18    general school climate.

19           Q     And just to make the connection really  
20    clear for me and for the record, what is the link  
21    between disciplinary referrals and school climate?

22           A     So the way -- so Georgia DOE collects a  
23    lot of surveys that is part of the Georgia Student  
24    Health Survey, and it's a whole, very much long  
25    explanation, but basically that results in a school

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1 climate score. Each public school receives a school  
2 climate score. I believe it's like one to five, or  
3 something like that.

4 And so one of the indicators that, that is  
5 part of the conversation of getting to that school  
6 climate score is disciplinary incidents. So that's  
7 how that kind of connects.

8 Q What are the other factors aside from  
9 disciplinary referrals that are relevant to the  
10 school climate rating?

11 A Oh, my goodness. It's, it's a lot.

12 So the Georgia Student Health Survey  
13 includes student perception survey, staff and  
14 personnel perception survey, parent perception  
15 survey. Then they're looking at discipline. I  
16 think they're looking at whether it's a safe and  
17 substance-free environment. I believe there's some  
18 bullying indicators in there as well.

19 Someone with DOE would have way more  
20 knowledge about it than I do.

21 Q How did you arrive at disciplinary  
22 referrals as the key measure for assessing  
23 difference made as opposed to the other ones you  
24 just identified relative to school climate?

25 A So I think -- you know, referrals are the

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1 way kids get to services, right. So we want to  
2 understand the number of referrals. We want to  
3 understand the reason for referral, because that is  
4 what helps us to understand if we're kind of even  
5 acknowledging school climate and moving -- again,  
6 you know, these, these combination of indicators.  
7 Are we moving in the right direction.

8 And so, again, referrals is I think  
9 identified here because that is the way kids gets  
10 into services.

11 Q Going back to the first bullet under  
12 "difference made," would higher level of care for  
13 purposes of this bullet include placement in a GNETS  
14 facility?

15 MS. JOHNSON: Objection.

16 A I am not sure because it doesn't say GNETS  
17 facility. So I'm not sure. I mean -- it's -- I'm  
18 not sure, you know, because it says short term  
19 crisis stabilization or extended residential  
20 treatment. I don't, I don't see GNETS.

21 And so I don't know if someone's  
22 interpretation would be if GNETS is one of the two  
23 things included here. I don't know.

24 Q What do you interpret it to mean?

25 A I come from an evaluation background, so I

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1 look for, you know -- I would likely -- I would not  
2 assume that it is included, and I would probably ask  
3 is, is your interpretation maybe is GNETS  
4 inconclusive of those two things? I don't know.

5 Q Who would you ask?

6 A I mean initially I think the question  
7 would come to us because of the survey design, and  
8 then that would be us connecting to DBHDD to ensure  
9 that, you know, we are all understanding, and that  
10 we are collecting the data that we mean to be  
11 collecting.

12 Q So to be clear, have you had a discussion  
13 with anyone at DBHDD about whether a higher level of  
14 care as used in this document includes GNETS?

15 MS. JOHNSON: Objection.

16 A If you're asking me have I had a  
17 conversation with DBHDD about if GNETS -- if this  
18 first bullet and these two items, short-term crisis  
19 stabilization, is inclusive of GNETS. I don't  
20 recall that I have.

21 Q So sitting here today, do you have any  
22 knowledge of whether placement in a GNETS facility  
23 factors into COE's assessment of "difference made"  
24 for Apex?

25 MS. JOHNSON: Objection.

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1 A Ask me that again.

2 Q Sure. Sitting here today, do you have any  
3 knowledge of whether placement in a GNETS facility  
4 factors into COE's assessment of "difference made"  
5 for Apex?

6 MS. JOHNSON: Same objection.

7 A I don't. I don't believe so.

8 Q So I want to just run through some  
9 spreadsheets.

10 We can put this aside. I think this  
11 should be fairly quick.

12 A Okay.

13 Q Let me first show you where I got them  
14 from.

15 (WHEREUPON, Plaintiff's Exhibit-50 was  
16 marked for identification.)

17 BY MR. HOLKINS:

18 Q Ms. Desai, you've just been handed what  
19 has been marked as Exhibit 50.

20 MR. HOLKINS: For the record this is  
21 GA01482744.

22 BY MR. HOLKINS:

23 Q This is an email from you dated June 30,  
24 2020. It's addressed to Dante McKay and other  
25 members of the OCYF staff.

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1                   The title -- excuse me. The subject of  
2 the email is "Apex May 2020 Monthly Reports."

3                   What were you sending in this email?

4           A       Monthly reports for May 2020, several  
5 reports for May 2020.

6           Q       Specifically, monthly programmatic  
7 reports?

8           A       Yep. So, yeah, that's what it looks like.  
9 It looks like programmatic reports, two. So one is  
10 just that PDF document of kind of the export that we  
11 did. And then we were collecting some COVID-19  
12 specific data, and so it looks like we included that  
13 as well.

14                   Again, we just did that for that one year.  
15 Yes.

16                   So did you just ask me about programmatic  
17 reports?

18           Q       It also includes a monthly progress report  
19 spreadsheet, correct?

20           A       Yes. So I can go down the whole list.  
21 I'm sorry.

22           Q       No, that's fine. I don't need to know  
23 about all of them.

24           A       Okay.

25           Q       I'm particularly interested in the

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1 programmatic report and the monthly progress report  
2 spreadsheets, which I'm going to show you, so I know  
3 those are attachments to this email.

4 A Okay, yeah.

5 Q These were all previously introduced, and  
6 so I'm going to pull up on Zoom the versions that  
7 were introduced previously.

8 Give me one second.

9 So the first is Exhibit 39, and I'm going  
10 to produce that to you by zoom in a second.

11 A Okay.

12 (WHEREUPON, Plaintiff's Exhibit-39 was  
13 previously marked for identification.)

14 BY MR. HOLKINS:

15 Q Do you see a document titled "Apex Monthly  
16 Programmatic Reports for May 2020"?

17 A Yes.

18 MR. HOLKINS: So I'll just note for the  
19 record this was introduced as Exhibit 39. The  
20 Bates No. is GA001483745.

21 BY MR. HOLKINS:

22 Q It attaches exhibit -- excuse me. It was  
23 attached to Exhibit 50, which we were just  
24 discussing.

25 So my understanding of what this is it's a



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1 compilation of all the programmatic reports you  
2 received from Apex providers in May 2020. Is that  
3 correct?

4 A That's correct.

5 Q And am I also correct in stating at this  
6 point all of this data is submitted directly to  
7 DBHDD and not to the Center of Excellence?

8 A At this point this --

9 Q In this current moment, as we --

10 A Yes. In this current moment, it's  
11 provided to DBHDD, but I don't think it looks like  
12 this. I think it looks like your other -- I think  
13 it looks like this.

14 Q So was this based on a prior template for  
15 the monthly --

16 A Yes.

17 Q -- programmatic reports?

18 A That's correct. That's correct.

19 Q Did you undertake any analysis of this  
20 information before you sent it to Dante?

21 A No. This -- what we're currently looking  
22 at in the screen, there's no, there's no analysis.  
23 It is export and compiling in a more reader friendly  
24 visual here as one piece, single PDF file versus,  
25 you know, 30 files.

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1 And just like cleaning up, probably. Like  
2 making it look a little bit easier to use, putting  
3 some hardware terms in between paragraphs, things  
4 like that, but no analysis.

5 Q And is that true also for the other  
6 members of your team working on the Apex project,  
7 they did not conduct any analysis of Exhibit 39  
8 before you sent it to Dante?

9 A No, not of this.

10 Now, analysis of the COVID-19 data, the  
11 second thing, but not this, not this monthly output  
12 like this, no.

13 Q Okay. So let's put this aside, and I'm  
14 going to show you the next attachment.

15 Do you see a spreadsheet?

16 A I do.

17 MR. HOLKINS: I'll note for the record  
18 this is Exhibit 40. It was previously  
19 introduced.

20 The Bates number is GA01482779, and it was  
21 attached to Exhibit 50.

22 (WHEREUPON, Plaintiff's Exhibit-40 was  
23 previously marked for identification.)

24 BY MR. HOLKINS:

25 Q My understanding of what this is, is a

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1 spreadsheet that shows monthly progress reporting  
2 for Apex 1.0 and 2.0 providers for the month of May  
3 2020. Is that accurate?

4 A Uh-hum. Yes.

5 Q And what did you do with respect to  
6 constructing this spreadsheet before you sent it to  
7 Dante McKay and his team?

8 A Oh, my gosh. A lot. So it doesn't export  
9 -- so the raw data, the way it exports from the  
10 system that we use is not at all reader friendly.  
11 It doesn't have the headers on the columns that you  
12 see, things like that.

13 So it's actually a big data management  
14 lift to just kind of reorganize and restructure the  
15 data.

16 We're not messing with the data itself.  
17 The raw data is the raw data. But we are organizing  
18 and restructuring so that it looks the way it does  
19 currently.

20 So it's a lot. It's a lot of just --  
21 yeah.

22 Q I imagine.

23 Is this something that you're submitting  
24 to DBHDD on a monthly basis, reports like this one?

25 A Yes.

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1 Q And would that report, in its most current  
2 iteration, include a tab for Apex 3.0?

3 A Correct.

4 Q Do you conduct any analysis of this  
5 monthly progress report data in the spreadsheet  
6 before sending it to Dante McKay and his team?

7 A No. I'm just confirming. No, we don't  
8 conduct analysis. This is just kind of the monthly  
9 snapshot of the activity that happened.

10 The analysis takes place in the yearly  
11 summary and findings. So this is just kind of a  
12 snapshot.

13 I mean -- I mean I take that back. If  
14 you're considering summing the, you know, summing  
15 the root columns analysis, I don't consider that  
16 analysis. Like the totals are at the bottom and  
17 things like that.

18 Q Right. Are you looking for -- are you  
19 looking at -- excuse me.

20 Are you looking for trends, for instance,  
21 in Tier 3 services provided across providers on a  
22 monthly basis based on this data?

23 A So this version -- so yes, but not in the  
24 version you're looking at.

25 So like this is, this is just kind of that

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1 monthly snapshot. This is what's happening across  
2 schools.

3 The other document that's included in this  
4 email as an attachment is YTD. So that's year to  
5 date. That is where we might look and kind of see,  
6 because that then is rolling up the schools by  
7 provider and giving us a sense of like, okay, you  
8 know, Viewpoint Health in the month of May, oh, they  
9 only provided like a hundred services. That's not  
10 typical. They're usually providing more. Something  
11 like that.

12 So that, that year-to-date, we might use  
13 that for that type of reflection.

14 But this at a school level, we're not,  
15 we're not looking at it for that. No. Not in that  
16 way. If that makes -- I don't know if that makes  
17 sense.

18 Q It does, and I'm going to show you the  
19 spreadsheet that you just referred to, so we can  
20 talk about that.

21 MR. HOLKINS: So I have just produced  
22 through Zoom Exhibit 41, which was previously  
23 introduced.

24 The Bates No. is GA 01482780. It was  
25 attached to Exhibit 50.

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1 (WHEREUPON, Plaintiff's Exhibit-41 was  
2 previously marked for identification.)

3 BY MR. HOLKINS:

4 Q Is this the year-to-date spreadsheet that  
5 you have been discussing?

6 I realize it's at the bottom document.  
7 I'll scroll to the top. I can even give you  
8 control.

9 A No, that's.

10 Okay. Yeah, this appears to be the  
11 year-to-date. I think it's the second worksheet in  
12 that workbook because I believe the first worksheet  
13 should be the pivot table.

14 Q Is that it?

15 A That's the first worksheet, yes.

16 Q So this is the document that you refer to  
17 as kind of a basis for analyzing where providers are  
18 at; is that right?

19 A Correct. Correct. And if this then -- if  
20 there's something here that, you know, might then  
21 direct me to the other one, sure.

22 Q Is this also something that you're  
23 submitting, a version of this, to DBHDD on a monthly  
24 basis?

25 A Yes.

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1 MR. HOLKINS: So I'll just note for the  
2 record, so that it's easier for us to find,  
3 that we are going to be interested in seeing  
4 updated versions of this spreadsheet through  
5 the present.

6 BY MR. HOLKINS:

7 Q So what specific things are you looking at  
8 when you see this spreadsheet?

9 You mentioned --

10 MR. HOLKINS: Let me start again.

11 BY MR. HOLKINS:

12 Q When you're assembling this year-to-date  
13 spreadsheet, based on the most recent monthly  
14 progress report data from providers, what are you  
15 looking for?

16 A I mean I'm looking for anything that looks  
17 off, you know. We don't typically have providers  
18 send data in the tens, thousands. So if I'm seeing  
19 something like that, then there's something that's  
20 off.

21 I'm looking for the other extreme, too.  
22 You know, someone's reporting two or three -- or  
23 like sum total, I'm seeing two or three services.  
24 Okay, that's telling me someone's not -- someone  
25 hasn't been sending their monthly data, right.

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1           So that then would flag me to, you know,  
2 to -- to inquire, let's say, for example, Fulton  
3 County. You know, I'm only seeing three cases on a  
4 -- I don't know, October year-to-date file.

5           The way we track data is through the State  
6 fiscal year. So we've already looked at July,  
7 August, September, and by October I'm only seeing  
8 one student being served, or, you know, is that  
9 because data is miss -- like is that because they  
10 haven't been submitting their reports.

11           And typically that's already been flagged,  
12 because we do a monthly one before we analyze this  
13 data. We do look to see who has submitted and who's  
14 outstanding. At a provider level, who's submitted  
15 and who's outstanding, right.

16           So I'm looking for kind of general things  
17 like that.

18           Q     Discrepancies from which you would  
19 ordinarily --

20           A     Yeah.

21           Q     -- expect?

22           A     Yes, yeah.

23           Q     Is there any other systemwide data that  
24 you're looking at on a monthly basis with respect to  
25 the Apex rubric?



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1 MS. JOHNSON: Objection.

2 A No.

3 Q I'm sorry?

4 A No. Not that I'm recalling, no.

5 Q Does this spreadsheet tell you the number  
6 of children referred to GNETS who were previously  
7 referring services through Apex?

8 MS. JOHNSON: Objection.

9 A No. I mean, again, you know, I think it's  
10 back to that referral category that we previously  
11 looked at, the State agency. I mean --

12 Q The data, you're just now collecting data  
13 at that level, right?

14 A We're not collecting, right, data at that  
15 granular level. State agency -- state entity is  
16 inclusive of GNETS, but that sum total will not  
17 allow me to disaggregate and understand of that what  
18 is GNETS.

19 Q Will this spreadsheet tell you the number  
20 of children transitioning back to Apex from a GNETS  
21 facility?

22 MS. JOHNSON: Objection.

23 A No. We're not, we're not tracking the  
24 data on that.

25 Q Will this spreadsheet tell you the number

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1 of children diverted from GNETS because of Apex  
2 services?

3 MS. JOHNSON: Objection.

4 A No. We're not, we're not collecting the  
5 data, no.

6 Q Is there any information in this  
7 spreadsheet that is specific to GNETS?

8 A No.

9 MS. JOHNSON: Objection.

10 MR. HOLKINS: Okay. Let's put this aside.  
11 I just want to take a couple of minutes to go  
12 through some of the documents.

13 We can go off the record for a few  
14 minutes.

15 THE VIDEOGRAPHER: Off the record at 3:48  
16 p.m.

17 (A recess was taken.)

18 THE VIDEOGRAPHER: We're back on the  
19 record at 3:53 p.m.

20 BY MR. HOLKINS:

21 Q Ms. Desai, we're just going to go through  
22 some documents quickly, mostly for identification  
23 purposes.

24 The first one is Exhibit 51.

25 (WHEREUPON, Plaintiff's Exhibit-51 was

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1 marked for identification.)

2 MR. HOLKINS: For the record, this is  
3 GA00129400.

4 BY MR. HOLKINS:

5 Q It's an email from you -- excuse me.

6 It's an email to you, dated September 25,  
7 2020, Subject: "Apex Friday Leadership Check-in  
8 Call."

9 My question to you is whether this is a  
10 current roster for the Apex leadership check-in  
11 call?

12 MS. JOHNSON: Objection.

13 A No, because Rachel Campos, who is one of  
14 my colleagues, is not on the -- she's not -- she's  
15 not on Apex anymore. She's not.

16 So I think other than that, I see  
17 everyone. Danielle is on here, Dr. Pearson, Layla,  
18 Dante, myself, and Ani.

19 Q Any additions?

20 A No.

21 Q Okay. You can put that aside.

22 Just so it's clear, how often do those  
23 Apex leadership check-in meetings occur?

24 A They're monthly.

25 Q And they're ongoing?

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1 A They're ongoing, yes.

2 (WHEREUPON, Plaintiff's Exhibit-52 was  
3 marked for identification.)

4 BY MR. HOLKINS:

5 Q You've just been handed Exhibit 52.

6 MR. HOLKINS: For the record, this is  
7 GA00150297.

8 BY MR. HOLKINS:

9 Q This is an email from you dated August 24,  
10 2020, to Dante McKay and a number of other  
11 recipients.

12 A Uh-hum. (Affirmative.)

13 Q The subject is "Apex DBHDD/DOE/COE Partner  
14 Meeting." Correct?

15 A Correct.

16 Q This is a meeting separate from the Apex  
17 leadership check-in, correct?

18 A Not -- technically, no.

19 So this Apex leadership call is monthly,  
20 and I think it is the fourth Friday of the month.

21 And then quarterly this meeting is  
22 dedicated to include DOE as well.

23 So my calendar invite for this will be  
24 monthly to three members from the COE team and then  
25 the DBHDD leadership team.

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1 And of this monthly reoccurring calendar  
2 invite quarterly will reflect this meeting. I don't  
3 know if that makes sense.

4 Q I think so. So once a quarter you're  
5 having a meeting with the Apex leadership team that  
6 includes DOE representatives?

7 A Correct.

8 Q Okay. Are those representatives, at least  
9 as of the day of this email, cc'ed on this email?

10 A Yes. So Cheryl Benefield is still there,  
11 Ashley Harris is still there, but Dr. McGiboney has  
12 moved on to another position, not even in DOE. He  
13 is not currently in DOE. But the other two, yes.

14 Q Are there any additional DOE participants  
15 in this meeting not reflected in this email?

16 A No.

17 Q So at this point it's Cheryl Benefield --  
18 excuse me. Cheryl Benefield and Ashley Harris  
19 participate for DOE in these meetings?

20 A That's correct.

21 Q We can put this aside.

22 (WHEREUPON, Plaintiff's Exhibit-53 was  
23 marked for identification.)

24 BY MR. HOLKINS:

25 Q You've just been handed what's been marked

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1 Exhibit 53.

2 MR. HOLKINS: For the record, this is  
3 GA00667127.

4 Q The title of the document is "Apex  
5 Technical Assistance Quarterly Summary," and there's  
6 an image at the top of the document that reads  
7 "Center of Excellence for Children's Behavioral  
8 Health. This is from January to March of 2020.

9 Have you seen this document before?

10 A Yes.

11 Q What is this document?

12 A So this is me initiating -- if I'm reading  
13 this correctly, I think this is likely the first one  
14 I forwarded.

15 Oh, this is the same email.

16 I wanted a way to quickly track and then  
17 report the type of technical assistance that we were  
18 offering to the providers being funded to implement  
19 Apex. And so that's, that's what this is.

20 I think this is -- I think I attached it.  
21 Yep. Attached the quarter one summary.

22 So if it's quarter one, then this quarter  
23 one likely doesn't mean the calendar quarter one.  
24 It means like July, August, September, because we  
25 mimic that state fiscal year.

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1           So it probably is identifying all the  
2     technical assistance activities that occurred in  
3     those months, and then it's organized by the mode of  
4     delivery, and if we did any kind of post-survey,  
5     then that data is collected. And then we're  
6     identifying any questions that we may want to circle  
7     back to, and then identify any follow-up action  
8     items or next steps.

9           Q     Who do you send this quarterly summary to?

10          A     Just to our DBHDD partners.

11          Q     Is this something you're still doing?

12          A     Yes.

13          Q     On a quarterly basis?

14          A     Yes.

15          Q     And these reports capture all of the  
16     technical assistance that the Center of Excellence  
17     is providing with respect to Apex in that quarter?

18          A     Yes.

19          Q     Okay. We can put this aside.

20                 (WHEREUPON, Plaintiff's Exhibit-54 was  
21     marked for identification.)

22     BY MR. HOLKINS:

23          Q     You've just been handed what's been marked  
24     Exhibit 54.

25                 Please take a moment to familiarize

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1 yourself with the first page of the document.

2 (Witness reviews exhibit.)

3 Q For the record, the first page of this  
4 document is an email sent May 28, 2020, to a number  
5 of recipients, including yourself, Dimple Desai.

6 The Bates-stamp on the email is  
7 GA01743050. The subject is "Re GGA Brief, for your  
8 review," and there's an attachment to the email that  
9 starts with the Bates No. GA01638445, and the  
10 attachment is titled, "Impact of COVID-19 on  
11 Children's Access to Mental Health Services in  
12 Georgia, Issue Brief, June 15, 2020."

13 Ms. Desai, do you recall receiving this  
14 email?

15 A Yeah, I do. It was a long time ago, but,  
16 yes, I do.

17 Q What is the Georgia Grant Makers Alliance?

18 A I mean, to my understanding, it is a -- I  
19 don't know if collaborative is the right word. I  
20 don't know what they define themselves as. But it's  
21 a group of like I guess organizations that fund  
22 different grants for, you know, initiatives  
23 involving providing support to children, behavioral  
24 health being one of them.

25 Q Did you provide any input on the report



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1 that's attached to this email?

2 A Yes. So I do recall reviewing it, and I  
3 do recall -- I do recall making comments, yes, I do.

4 Q And what were your comments?

5 A Honestly, I cannot recall. I mean I  
6 remember my general feeling when I revised it.

7 Q What was your general feeling when you  
8 reviewed it?

9 A There were some, some facts that weren't  
10 quite captured accurately. I think one of them, if  
11 I recall, is like the number of providers  
12 implementing Apex I think was wrong, or something  
13 like that.

14 So, yeah.

15 Q Anything else you can recall from your  
16 review of this document?

17 A This is silly, but I actually think in  
18 every place where the CMO is in this document, it  
19 was actually COM. I think it was little things like  
20 that, that was just like, oh, that's -- yeah.

21 Q On the subject of Care Management  
22 Organizations, do they ever join your Apex  
23 leadership calls?

24 A No.

25 Q Do any representatives of the Department

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1 of Community Health ever join your Apex leadership  
2 calls?

3 A No.

4 Q You can put this document aside.

5 I just have a few more questions for you,  
6 Ms. Desai.

7 A Okay.

8 Q I'm going to ask you some questions about  
9 your preparing for this deposition. I want to make  
10 clear in asking these questions, I'm not asking you  
11 to share any information about the conversations you  
12 had with your attorney in preparation for this  
13 deposition.

14 And with that preface, what did you do to  
15 prepare for today's deposition?

16 A Really nothing. I didn't do anything.

17 Q You didn't review any documents  
18 specifically in preparing for this deposition?

19 A No.

20 Q Did you discuss your testimony, your  
21 anticipated testimony, with anyone other than your  
22 attorney?

23 A No.

24 MR. HOLKINS: Okay. We are off the record  
25 -- actually, no. One second.

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1 I do want to, consistent with your  
2 discussion earlier, acknowledge I think our  
3 shared stipulation that all objections except  
4 as to form are going to be reserved until the  
5 trial. Correct?

6 MS. JOHNSON: Agreed, yes.

7 MR. HOLKINS: Okay. I think we're off the  
8 record.

9 MS. JOHNSON: Great.

10 THE VIDEOGRAPHER: Off the record at 4:05  
11 p.m.

12 (Whereupon, the deposition concluded at  
13 4:05 p.m.)  
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C E R T I F I C A T E

STATE OF GEORGIA:

FULTON COUNTY:

I hereby certify that the foregoing transcript of DIMPLE DESAI was taken down, as stated in the caption, and the questions and answers thereto were reduced by stenographic means under my direction;

That the foregoing Pages 1 through 219 represent a true and correct transcript of the evidence given upon said hearing;

And I further certify that I am not of kin or counsel to the parties in this case; am not in the regular employ of counsel for any of said parties; nor am I in anywise interested in the result of said case.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 1st day of April, 2022.

*Wanda L. Robinson*

Wanda L. Robinson, CRR, CCR No. B-1973  
My Commission Expires 10/11/2023

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D I S C L O S U R E

STATE OF GEORGIA ) VIDEOTAPE DEPOSITION OF  
FULTON COUNTY ) DIMPLE DESAI - 03/29/22  
Pursuant to Article 10.B of the Rules and  
Regulations of the Board of Court Reporting  
of the Judicial Council of Georgia, I make the  
following disclosure:

I am a Georgia certified court reporter.  
I am here as a representative of Esquire Deposition  
Solutions, LLC, and Esquire Deposition Solutions,  
LLC was contacted by the offices of U.S. Attorney's  
Office to provide court reporter services for this  
deposition. Esquire Deposition Solutions, LLC will  
not be taking this deposition under any contract  
that is prohibited by O.C.G.A. 9-11-28 (c).

Esquire Deposition Solutions, LLC has no  
contract/agreement to provide court reporter  
services with any party to the case, or any counsel  
in the case, or any reporter or reporting agency  
from whom a referral might have been made to cover  
this deposition.

Esquire Deposition Solutions, LLC will  
charge the usual and customary rates to all parties  
in the case, and a financial discount will not be  
given to any party to this litigation.

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ERRATA SHEET FOR THE TRANSCRIPT OF:

Deponent Name: DIMPLE DESAI

Case Caption: United States of America vs. State  
of Georgia

Case No. : 1:16-cv-03088-ELR

I do hereby certify that I have read all  
questions propounded to me and all answers given by  
me on the 29th day of March 2022, taken before Wanda  
L. Robinson, and that:

\_\_\_\_\_1) There are no changes noted.

\_\_\_\_\_2) The following changes are noted:

Pursuant to state rules of Civil Procedure  
and/or the Official Code of Georgia Annotated  
9-11-30(e), both of which read in part: Any changes  
in form or substance which you desire to make shall  
be entered upon the deposition with a statement of  
the reason given for making them.

Accordingly, to assist you in effecting  
corrections, please use the form below:

CORRECTIONS:

Page	Line	Change	Reason For Change

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CERTIFICATE OF DEPONENT

I hereby certify that I have read and examined the foregoing transcript, and the same is a true and accurate record of the testimony given by me. Any additions or corrections that I feel are necessary, I will attach on a separate sheet of paper to the original transcript.

\_\_\_\_\_  
Signature of Deponent

I hereby certify that the individual representing himself/herself to be the above-named individual, appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022, and executed the above certificate in my presence.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: